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A TREATISE

ON

ACUTE AND CHRONIC DISEASES

OF THE

NECK OF THE UTERUS.

ILLUSTRATED WITH

NUMEROUS PLATES, COLORED AND PLAIN.

BY

CHARLES D. MEIGS. M.D.,

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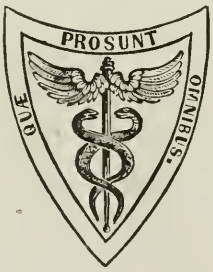

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TO

ROBERT M. HUSTON, M.D.,

PROFESSOR OF THERAPEUTICS AND THE MATERIA MEDICA IN JEFFERSON MEDICAL COLLEGE AT PHILADELPHIA.

MY DEAR SIR:—

You are aware, I believe, that by command of the American Medical Association, I was directed, as chairman of a committee appointed at Charleston, South Carolina, to present a Report to that body on the subject of Acute and Chronic Diseases of the Cervix Uteri.

Professor Channing, of Boston, and Dr. Thomas H. Yardley, of Philadelphia, who were of the committee, confided to me the duty of drawing up the Report, which was presented to the Association at the New York meeting in May, 1853.

The paper, with the drawings, was ordered to be printed and engraved, and may be found in the last volume of the *Transactions*.

Under the impression that the views of disease and suggestions of treatment in this paper might, if more generally diffused, prove of some service to our professional brethren, I have, with the liberal consent and full approval of the publishing committee, made a separate volume of the Tract, which I beg you to allow me to dedicate, thus publicly, to you. I hope you will

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accept it as a mark of my most sincere respect and warm attachment. I pray you also, as far as you properly may, overlook its numerous faults of substance and form; to receive my book with wonted kindness, and continue to favor me, as long as I live, with that course of kind and friendly conduct, which, together with my high appreciation of your sterling abilities and candor as a man, has long made me, and ever shall make me, feel that I ought to be, and am your sincere and respectful friend and most grateful servant,

CHARLES D. MEIGS.

324 Walnut Street,
Jan. 15, 1854.

ON

ACUTE AND CHRONIC DISEASES

OF

THE NECK OF THE UTERUS.

The great prevalence of cases of sexual disorders has of late called much of the attention of physicians to a consideration of the causes, signs, and treatment of those affections, and several recent publications have thrown much light on them. It was to be expected that the labors of ingenious men, devoted to this species of research, should, by this time, have placed all questions in this kind of practice so fairly before us, and with solutions of the various problems so clearly exposed, that there could be no farther real necessity for making public one's observations or reflections.

It is, nevertheless, undeniable that our daily clinical experience, as well as what we notice of the current medical literature, and what we behold around us among the sick, all concur to prove that it is in general

esteemed to be a difficult thing to comprehend the various disorders of the womb, and appreciate their peculiar reaction upon the constitutions of women.

Notwithstanding the numerous learned works we possess, whether they be of ancient date or modern, it does appear to me that this class of disorders, as to the clinical duties at least that are connected with them, are not so well understood as they ought to be, and that this is the chief reason why so many of the cases tend, at last, to fall under the care of a few individuals, who may have acquired a sort of fame or notoriety for success in their treatment, instead of remaining, as they ought, in charge of the family physician or surgeon, usually the first to be consulted on account of them.

I regard this tendency to specialization as a thing most injurious to the profession, which ought to be a whole in the whole and a whole in every part. Such specialization of the office of the physician is very far from tending to elevate the whole body in its usefulness to the public, however it may serve to exalt the interests of a few individuals, and it must be confessed that any specialization as to this sort of clinical duties is both highly inconvenient to the people, and disparaging to the profession at large, while it is wholly uncalled for by the nature of the cases. A little consideration might serve to convince us that this class of disorders presents to the practising physician nothing more essentially inscrutable, or intractable, than the ordinary complaints submitted for examination and advice to the gentlemen of the Art.

There would be less propensity to bring them into the class of a specialty in practice, if the treatises now in our possession, were as clear in the description and illustration of disease, and as precise in the indication and relation of methods, as they ought to be. Far from this—we have to regret that many of the drawings and colored prints serve rather to obscure, than enlighten the path of the practitioner. It needs only to glance, for example, at the plates to Madame Boivin's work, to see that this remark is quite just, while the more elegant volume of Dr. Hooper affords as little aid—his engravings, however beautiful, exhibiting for us only the ravages of diseases ended in death, and not those curable forms and stages, which are far more worthy of investigation, as guiding us in our attempts to cure.

It has seemed to the Author, that, before entering upon the examination and description of the special cases, he is called upon for a few remarks concerning methods of proceeding—the usefulness and propriety of which have, by some, been sharply called in question, while others have contended that they are indispensable to correct diagnostication and treatment.

I allude to the method introduced by M. Récamier, Physician to the Hôtel Dieu, at Paris. That celebrated professor, in his work entitled *Recherches sur le Traitement du Cancer*, 2 vols. 8vo. Paris, 1829, says, at page 317, t. i. :—

"Dès l'année 1801, consulté fréquemment pour des maladies organiques de l'utérus, je commençai à traiter

les ulcères du vagin et du museau de tanche de la même manière que ceux de la gorge, qui m'en donnérent l'idée. Un tub d'étain du volume du doigt, et de quatre ou cinq pouces de long, servait à ces pansements, dans lésquels lés surfaces ulcérées étoient touchées avec un pinceau de charpie trempé dans du miel rosat, ou dans du rob de Daucus, seul ou associé avec du collyre de Lanfranc, du laudanum de Rousseau, ou de l'extrait d'opium."

M. Récamier farther informs us, that, in 1812, M. Bayle inquired of him concerning his methods, and that the facts he communicated to that author were made public in the *Dict. des Sci. Méd.*, art. Cancer, which notice is found in tom. iii. p. 604, as follows:—

"Déjà M. Récamier est parvenu à porter differentes substances médicamenteuses immédiatement sur l'ulcère, à l'aide d'un pinceau conduit dans un tube de gomme élastique ou de métal qui écarte les parois du vagin, et embrasse dans son orifice supérieure toute la partie saillante du col de l'utérus. Ces essais, conduits avec prudence, conduiront peutêtre un jour à quelque méthode de traitement, plus efficace que celles aux quelles nous sommes encore réduits."

The great success, in treatment, that attended M. Récamier's practice at the Hôtel Dieu and the city generally, led to the introduction of *his* method, which may be denominated the surgical method of curing the disorders of the cervix; and the question now is, whether the advantages resulting from it are sufficient to counterbalance certain evils supposed to have grown

out of its introduction. These evils, it is alleged, consist in the great mortification which any sensible woman must experience, if subjected to a metroscopic examination—some laxity of the moral sense likely to grow out of such proceedings—the physical injury, by contusion or laceration, sometimes attending the operation, and the mischievous effects of violent drugs and dangerous instruments, to the employment of which it leads and tempts us. Farther—it is asserted to be unnecessary, since the exploration by touching, as it is called, reveals sufficiently well the nature of diseases attacking the cervix uteri.

I shall not here discuss the moral differences between a diagnosis made by the operation of touching, and a metroscopic one. Either of them is bad enough, in itself considered; but as neither of them could be supposed possible, except out of some direful necessity of the patient, and as the one is not essentially more revolting to the feelings of the sufferer than the other, it appears to me that the argument is as valid against the one as the other. No one will deny that the delicacy of those relations that exist between medical people and their female patients, opposes, in a variety of cases, an insuperable barrier against any successful treatment whatever, for there are found individuals so fastidious as to prefer pain, disease, and even death itself, to any revelation concerning their disorders.

Some women, who do not object to relate the history of their diseased sensations, compel us to rest satisfied with such barren histories as they themselves can give,

and medical men, it is presumed, are often obliged to adopt an empirical method, or—to use a common phrase —to guess at the seat, nature, and phasis of the disease, as well as the remedies for it, rather than resign the woman to hopeless distress on the one hand, or, on the other, urgently insist upon her waiver of that fastidious sentimentality which ought, to a certain extent, to rule her professional relations with the medical adviser, but not wholly and exclusively, and to her ruin.

Even to examine by Touching, does, in many parts of the United States, appear to be a revolting proposition; and there are some persons who prefer to make journeys of hundreds of miles, in order that such an inquiry, supposing it indispensable, may be instituted by a stranger, and far from home. Some examination is, nevertheless, often an indispensable requisite to correct information as to the sanitary wants of the patient; and physicians cannot always rely upon the historical relation of the patient herself or her friends, who assuredly cannot impart knowledge which they do not themselves possess, and can by no possible means acquire.

It may be farther averred, that the Touch alone does not surely impart this knowledge; for as much as a tint or color is often the clearest exponent of a morbid state, it becomes sometimes an imperious necessity to ascertain it by the metroscope. The question is, then, not whether the instrument informs us better, but whether, without its aid, we could at all learn our therapeutical or surgical duty to the subject.

The objection as to danger of injury, and that other,

the temptation to make use of too violent topical remedies, is a question of the good sense and prudence, or conscientiousness of the medical man—subjects not for us to discuss. Yet, we may adventure the remark, that no sincere person will deny, that, in our profession in these United States, there exists a great majority of gentlemen, competently educated; men skilled in their art; men of probity, and having elevated views in morals and religion; and, as to life and conversation, irreproachable.

If the whole class of cases under consideration should be confided to such persons as these, little objection would be made to their professional opinions or practice. There is conceded to them, by common consent, as well as by governmental authority, a "*jus docendi scribendi atque exercendi, ubi rite vocati fuerint;*" and the public esteem them to be warranted in all their acts, done within the metes and bounds of their real professional privileges. They have no authority to violate those rules and arrogate privileges beyond; and when they do so it is at their own peril.

The question, then, seems to be still more narrowed down; and we have only to determine what is, and what is not, strictly within the limits of our duty and prerogatives—things to be resolved, not by formal council, but by the physician himself, upon the spur of the occasion. We must not repudiate, and, by wholesale reprobation, condemn and annul a good method of cure, merely because incompetent or wicked persons might or do abuse it to their own gain: to do so, would be to amerce

and punish the sick and the miserable for faults of our brotherhood.

Lastly.—Even if it be true that some abuses, disgraceful to Medicine, do exist, we are persuaded that such discreditable examples must be very rare among a class so generally acknowledged for wisdom, virtue, and politeness, as the great body of the United States physicians. Wherefore, we do not find ourselves called upon to discountenance and reprobate the prudent and necessary employment of modern methods and instruments, invented to improve the means both of diagnosis and surgical treatment of diseases of the cervix uteri; conceiving that this is a matter to be left to the conscience and judgment of our brethren, whenever the occasion may arise.

The reactions of the reproductive organs upon the other members of the animal economy are known to be both diverse and comprehensive; nor is it difficult to perceive that this should be the case, seeing the great importance of their functions. One could hardly suppose, indeed, that a system of anatomical tissues, representing the complement of the vital powers, could be an indifferent in their constitutional reaction. The powerful sway they exert upon not only the physical, but the psychical condition and nature of the woman, might well persuade us that changes in their vital *status*, even such as are inappreciable except by the reason, should greatly affect both the body and mind of the woman.

The reproductive force can never, in fact, be an indifferent, as regards the health and perfection of the woman —who is always an imperfect being until she has, at full puberty, acquired this complementary force, and begins to decline from her perfections as soon as she lays it down at the change of life. During all the period in which she possesses this force, even very slight modifications of it must affect the direction, as well as intensity, of many others of her physiological actions.

It is probable that the Hysteric malady, which assumes such diverse forms, and comprehends in its range, so many separate and distant organs, depends essentially upon a vital *status* of the reproductive viscera, often so slight as to escape all sensible detection. It is, at least, certain that sexual diseases do give rise to severe distress in distant regions of the body; and, while they can incommode, vex, and even destroy the woman by degenerating the womb, the ovaries, or other parts, they can likewise subvert her health, and destroy her life by perverting the strength and soundness of other vital portions—the radiating point of the mischief being, in the mean time, concealed within the depths of the pelvis, and wholly masked by the constitutional disorders thus set on foot by it.

A dark and mysterious veil hides from us many of the laws that grow out of the intimate relation and mutual dependency existing between the conservative or generic forces of animals, and their reproductive or genetic powers. Many stumbling-blocks in the path of the practitioner would be taken away, if these laws and

relations could be fully understood; and we should then be able to take more precise indications, and adopt more positive methods of treatment. Possessing full anatomical and physiological information upon those organs and forces, we might raise up in the mind a true IDEAL of them, which would serve as a standard or scale by which to measure and judge every aberration of form, substance, power, or place, in the instances brought before us for our decision.

And it is proper, indeed, that the physician should, in every case of disease, endeavor to acquire the perfect IDEA of the organ whose state he is about to determine. This determination he only can make, who hath already erected his ideal standard, as now proposed. Otherwise, he cannot but frequently err in his diagnosis. But he who hath ever at hand in his scientific store, a perfect IDEAL of the healthy organs, shall scarcely err, since, in every diagnostication, he will strictly compare the real with the perfect IDEAL, or STANDARD, and, from observing the deviations and aberrations, deduce a perfect knowledge of the case before him.

In order to raise up such an ideal or standard of the uterus, it is necessary to analyze its component textures, and arrange them; for example, into a series, as: 1. The serous tissue. 2. The mucous tissue. 3. The sanguiferous; 4, absorbent; 5, the muscular tissue. 6. The Nervous substance. 7. The glandules and follicles. 8. The areolar texture.

These are the only things in the uterus that can be

subjects of disease, whether severally or conjointly. When they are combined in the just ratio of mass crasis and vital force, they represent the form and substance of the healthy womb, and, we might add, its faculties also; whereas, every deviation from such normal ratio of the elementary tissues, represents a certain disease of that organ.

Equable augmentation of the elementary tissues constitutes hypertrophy of the uterus—which may be either local or general.

Hypertrophy of the womb may be physiological or pathological.

The term physiological hypertrophy here applies to those equable augmentations of the elements of the uterus, that take place in pregnancy, in which the womb acquires, in the course of 280 days, a greatly increased volume, and a weight of 25 to 30 ounces. In the non-gravid state, its length is about 2¼ inches: in pregnancy, it is 12 inches in length. The non-gravid weight is 2½ ounces, whereas it, not rarely, weighs two pounds, at term. These great changes occurring in the mass, while inconsiderable changes in the ratio of its elements take place, can only be the result of a physiological hypertrophization—and it is well to make such a reflection, seeing that the womb recovers its non-gravid form, substance, and faculties, in about thirty days after the termination of pregnancy.

In this process of Normal-hypertrophy, the several elementary textures are evolved in their equal generical ratios; and the same kind of equable development

takes place in all the cases of true pathological hypertrophy.

As the womb readily recovers from any physiological hypertrophy in about thirty days after the removal of the cause, so, in like manner, it recovers from its pathological hypertrophy soon after the removal of its cause. Such cause may be a polypus developed within the cavity; chronic inflammation of the cervix or os uteri; dislocated states of the uterus, in retroversion, or anteversion; or any circumstance that should provoke the organ to grow inordinately, but equably, as to the ratio of its elements.

Unequable development of the several elements, converts the womb into a Tumor, degenerates it, and renders it incurable by medicines; whereas, the state of pathological hypertrophy is one to be recovered from upon removal of the cause.

If, in a womb, the areolar or the vascular, or the nervous element, should be augmented several hundred per cent. beyond its normal ratio, the rest of the tissues preserving their quantitative relations to each other, the viscus would be changed into a hæmatoma, a cephaloma, &c. &c., according to the nature of the case or chief constituent element of such tumor.

Unhappily, the womb is, by nature, peculiarly subject to such changes. It may pass unharmed through the hypertrophizations and recoveries of many consecutive pregnancies, because of its innate aptitude to recover its non-gravid form and substance by involution as the antithesis of its acts of evolution; a reflection

this that affords us the greatest encouragement when called on to undertake the treatment of cases of enlarged womb. So true is this, that, in all cases where we can clearly diagnosticate a uterine hypertrophy, we may found on it a happy prognosis, provided we may also reasonably expect to remove the cause of the excessive growth, *e. g.* if the cause should prove to be a mere retroversion, we may count upon a cure if we can reposit the womb and maintain it in its proper attitude in the pelvis. This is, in fact, all that we shall be called upon to do; for, this being done, the organ hastens to recover by involution its non-gravid form and substance, as after a delivery at term, or after an abortion.

A perfect IDEAL of the normal womb, one fit to serve as a STANDARD, or scale of comparison or measurement for cases, should comprise, in addition to a notion of its elements, one of its form, volume, place, posture in that place, sensibility, resistance, complexion, and all its powers as well as its anatomical relations or connections.

A great help to the formation of this ideal standard, may be found in drawings and engravings. And here we beg leave to submit a figure (Fig. 1) copied from nature. The womb, which was that of a young unmarried woman, was $2\frac{1}{2}$ inches in length, by $1\frac{3}{4}$ in width at the widest part. Its weight might be $2\frac{1}{2}$ ounces. The specimen, a recent one, was presented to us by Dr. Addinell Hewson, of Philadelphia. We regard this uterus as a fair standard specimen.

In respect to this drawing, and indeed all the figures made use of as illustrating points treated of in this essay, we owe an apology for their want of artistic excellence. It is clearly out of the question that we should show these things to artists, as well as that no artist could represent them from mere description. We did try that experiment, which failed. We were then compelled to become artists in self-defence, and succeeded, as is here to be seen, in making very inelegant, but very faithful representations of the subjects of the sketches. As to their fidelity we have no other assurance to give than such as we may refer to as professional experience; and we feel assured that all those physicians who have been obliged to acquire this painful experience must concur in the opinion that our drawings are very truthful.

This figure, it is therefore believed, gives a fair average representation of the form and size of the human womb. The chirurgical neck projects within the remains of the vagina, to the normal depth; and the aperture, or os uteri, preserves its appearance as a transverse sulcus.

Fig. 2 represents an antero-posterior section, and exhibits the left symmetrical half of the womb; showing the thickness of the walls, in this direction; the size and shape of the cavity; as well as those of the canal of the neck; the two lips, anterior and posterior; and the length of the vaginal neck or surgical neck.

Fig. 3 is a transverse section of the womb, exhibiting the posterior half, with the shape and size of the

cavity; as well as the canal of the cervix, and the orifice as seen in this way.

Fig. 4 is designed to give an idea of the womb's place and position or attitude in the pelvis. It is on a scale of half an inch to the inch; and shows how far below the plane of the superior strait (see dotted line) the fundus uteri should be found.

Most of the published drawings have erroneously exhibited the fundus uteri rising as high as the plane of the strait, or even elevated somewhat above it, which is incorrect, and leads to considerable errors in diagnosis.

Considering that the plane of the ischium is 3½ inches long, and that the mean length of a normal womb is about 2¼ inches, the figure may serve to give a correct idea of standard as to place and altitude, since the diagnosticator, by touching the os tincæ, at once recognizes the place in the excavation where it is found, as whether too high, or too low, and he also determines, by palpation at the hypogastrium, whether the fundus is too much elevated or no; and so he judges of the length and volume of the womb he is examining.

The anatomical relations of the womb are those which unite it with the bladder in front; the vagina inferiorly; the broad and the round ligaments, ovaries, and Fallopian tubes at the sides and angles; while, posteriorly, it has no anatomical relations whatever; that surface being there completely invested with a peritoneal covering.

The standard should comprise a true idea of the os

tincæ or aperture of the canal, many deviations from the standard being observable in practice; all of which may afford useful lights in diagnosis, prognosis, and practice: certain changes of its form may be regarded as pathognomonic.

The sensibility of the uterus to pressure or contact; its resistance and flexibility, ought also to form part of the IDEAL; and lastly, the color or tint—as observed in the metroscope—as whether pale, rose-tinted, raspberry-red, violaceous; or even of a hue approaching to that of melanotic tissues, constitutes an important item in the aggregate of characteristics.

Experience has shown that many instances of bad health are to be attributed to acute or chronic ailments of the womb, in women, where no topical pain or other sign of local lesion is complained of.

Thus some of the examples of perverted innervation exhibited in torpor of the bowels, chronic tympanitis, frequent attacks of spasm, and general convulsion; cephalalgia, palpitation of the heart, pain in the back loins and lower extremities; fluor albus, and aggravated hydræmia, take their origin from disease of the cervix uteri, which, meanwhile, gives no pain, and is wholly unsuspected as the subject of any disease. In so far, therefore, as these affections spring from acute and chronic disease of the neck of the uterus, they might be assumed to come within the scope of inquiries assigned to this essay; but since an elaborate statement of all those sub-

jects would fill a volume rather than this essay, we shall confine our remarks within narrower limits.

Among the number of sexual disorders, few are more frequently complained of than leucorrhœa, and it seems probable that most women have occasion, at some period of life, to complain of it. In general, it gives little inconvenience, is of short duration, and ceases spontaneously; not requiring for its cure the advice of physicians. Perhaps in a thousand cases of moderate fluor albus, the physician would be consulted for one or two only. This, however, is not the case always, for in certain exceptions the secretion becomes very great, and is attended with debility, pain in the back and loins, a sense of bearing down or weight in the pelvis, with heat in the passages, which may pass into insufferable pruritus. Instances in which the profluvium is very great, will rarely be met with in any physician's practice; and not many of the subjects are found to require the use of the guard-napkin, a precaution which could not be dispensed with if the secretion were so abundant as is by some supposed. We have heard of cases of leucorrhœal discharge to the amount of eight ounces per day, but probably such examples occur not more than once or twice in a long career of medical practice; one in which the secretion should equal a tablespoonful per day, even, would be very troublesome, as well as uncommon, the majority of the patients complaining only of an inconvenient humidity of the parts.

Where the discharge in leucorrhœa consists of merely vaginal products, it may safely be assumed that such

leucorrhœa is of very little consequence to the woman's general health. We speak here of the moderate cases. Indeed, affections of the vagina may, for the most part, be considered to interest very little the female constitution.

Such a statement as this might excite surprise, in those who are accustomed to hear of the very debilitating effects of fluor albus; and it becomes necessary to qualify the statement, by showing that, in those cases where the health has appeared greatly to suffer, the essential malady is not in the vagina, but in the neck of the uterus itself.

Patients do not, in general, make any discrimination between the several different appearances presented in fluor albus; because they are satisfied to believe that excessive humidity of the genital mucous surface is fluor albus, or vaginal leucorrhœa, a disorder whose presence disturbs them, not only by the actual inconvenience occasioned by it, but in a more considerable degree by the apprehension it arouses of prospective mischiefs to their health.

While our own observation convinces us that profuse vaginal secretion is rarely met with in practice, we are equally convinced that some of the patients are rendered too moist by excessive activity of Duverney's glands, and farther, that the most mischievous of leucorrhœal secretions is that which comes from the canal of the cervix of the womb.

The muciparous glands of the vagina furnish either a thin watery mucus, or else one of a creamy consistence,

which in other instances appears to be butyraceous, or concrete.

The excretion from the follicles and glands of the canal of the neck, however, is always gluey or albuminous, and resembles fresh white of eggs; and, when the patient, in describing the disorder, informs us that she discovers a slimy transparent mucus, and especially if it appears at intervals of once a day, or oftener, we may take it for granted that she labors under inflammation of the neck of the womb. There is no apparatus in the vagina itself for the secretion of this albumen; but the abundant follicles of the canal of the cervix are devoted solely to such production—when the cervix is chronically inflamed, that production is much increased; to that degree, indeed, as to impart a character of sliminess to the discharge, that makes it resemble *albumen ovi.*

It very often happens to observe this transparent viscid mucus to be wholly unaccompanied by any vaginal excretion; the substance coming away from the os uteri, and escaping upon the napkins without the least admixture. In using the metroscope, the same albuminous matter may be seen oozing forth from the orifice of the womb only, and so tenacious that it cannot be wiped away with the sponge.

Those physicians who have attended women in labor, are familiar with the viscous excretion from the neck of the womb, which generally discharges considerable quantities of it while the os is undergoing dilatation. In a state of ordinary health, the production—which is equal merely to the physiological demand—is so incon-

siderable, that the albumen is not to be observed; but any augmented vital activity in the cervix may make its presence manifest.

It has already been remarked that subjects of leucorrhœa complain of it as a weakening disorder; nor can it be denied that this albuminous fluor from the cervix mostly coincides with a sense of great lassitude and debility—not because of the wastage of the material, but because of the disturbing effect in the general economy, produced by even slight modifications of the health of the uterus. Hence I may venture to say, that those women who complain of the exhausting effect of their leucorrhœa, should be regarded as suffering, not from the loss by secretion, but from the perturbating influence of a chronic inflammation of the womb.

Physicians consulted for these leucorrhœal affections, ought, therefore, carefully to discriminate between the different kinds of discharges. When the excretion is deemed to proceed from the muciparous apparatus of the vagina only, it may suffice to make astringent injections, whether of mineral or vegetable sorts. In case such remedies prove unavailing, the vital activity of the mucous body may be changed by solutions of argent. nitrat., of feeble strength—and one might confidently look for a cure under such a prescription. Yet, in fact, our ordinances for those disorders are notoriously unsuccessful; and the reason is, we vainly attempt by these methods to cure a disease of the vagina which does not exist, which would not make the woman ill if it really did

exist; whereas we ought to be addressing our remedies to the removal of a disease of the cervix.

We should cure a much greater number of leucorrhœas if we would not misinterpret the disorder, calling that a vaginal which is really a cervical malady, and *vice versâ*.

We repeat, that the serious cases are cases of disease of the cervix—but, a vaginal injection for inflammation of the canal of the neck, is, simply, ridiculous. The albuminous leucorrhœa is a sign of inflammation of the cervix, in which is included the canal, with its copious muciparous apparatus. It is as much a surgical disorder as an ulcer of the leg, or an anthrax, or conjunctivitis. When the surgical disorder is cured the sign disappears. Hence we desire to express the opinion, that such leucorrhœas are to be held as acute or chronic inflammations of the canal of the neck, and ought to be treated accordingly.

The most essential element of a successful practice exists in a positive diagnosis. It will not do for us to believe, or suspect, or infer, this or that—we must guard the interests of the patient by knowing it is this, or that, or the other form and stage of a disease.

The historical or descriptive account delivered by the patient, or her friends, cannot serve as a guide for us; nor can they compare the actual state of the suffering organ with that perfect ideal STANDARD, by which we ought to compare, weigh, and measure everything brought before us for judgment.

It must ever be a very trying occasion, that of a sensi-

tive and delicate woman, who is brought into such a strait as to require a physical examination of those parts which naturally shun exposure. The medical man, who has even a common share of sensibility, will always, therefore, defer this last resort as long as possible, while he makes use of empirical treatment—if, haply, he might thus be enabled to effect a cure without the waiver, on her part, of those honorable scruples which deserve from him the most perfect respect.

Of all the means of making a physical diagnosis, Touching is the easiest and the least distressing to a woman of sensibility, bad though it be. By Touching, we can determine the place, the volume, the resistance, the sensibility, the smoothness or roughness, the patulousness, and other characteristics of the organ.

Where the touch gives sufficient information, let the Touch suffice; but, if any doubts as to the wants of the case remain, then a Metroscopic examination should be made. If declined—let the consequences rest with the patient; the physician is absolved from blame.

There are a great many sorts of Metroscopes now in use—some consisting of a tube, as originally proposed by Récamier, but composed of glass, or silver, or ivory, &c.; and some consisting of a bivalve, trivalve, or quadrivalve Speculum uteri, each of which is preferred, according to the taste or caprice of the practitioner.

The most reliable metroscope, probably, is a slightly conical tube of silver, six inches and a half in length. The uterine extremity should be one inch in diameter,

bevelled with an angle of thirty-five or forty degrees. The outer, or larger extremity, should be one inch and a half in diameter. The silver should be highly polished, with the edges of the bevelled end rolled and rendered blunt, lest they might catch in the folds of the membrane, or even wound the cervix.

An olive-shaped piece of wood, secured in a steel handle, and made to fit accurately in the smaller extremity of the cone, serves to guide it without pain to the bottom of the vagina, whereupon the guide is withdrawn, in order that the Surgical neck may engage in the opening, and thus enable the surgeon to discern any marks of disease there.

The light passing down the tube ought to be as clear as possible, and the inner surface of the metroscope should not have a very high polish, lest, serving as a reflector, it might pour a flood of chromatized light on the parts, and thus give rise to the greatest misapprehension of their real condition. It would be better to have the inner surface painted with black, in order that no reflection from the walls should deceive us, and lead to error. Any person accustomed to the use of the metroscope with a very bright inner surface, or bore, must be familiar with the sparkling red points that it seems to disclose upon the mucous surfaces exposed by it to view, and also, must have seen how a slight change in the direction of the tube, causes these red lights to disappear; but they are always apt to mislead, and therefore it would be better to use a tube whose inner surface should have no lustre: a tube blackened within,

like a microscope tube, would be far better than one with a reflector, such as the glass speculum uteri.

An instrument on the plan above proposed can disclose the physical appearances of any square inch of the inner walls of the vagina; for by merely rotating the tube on its axis, and directing the bevelled end this way or that, we may at leisure observe any part of the cervix or vagina.

The bivalve and the quadrivalve speculum are sometimes convenient; but they as often annoy us and obstruct the research by allowing folds of the vagina to fall in between the parted blades, and thus completely hide the parts sought to be studied. They are by no means suitable for the application of the cautery, whether liquid or solid; and no one could conveniently make use of leeches by means of them. In any case, where the multivalve speculum is applicable, M. Récamier's tube is more so, on which account, we prefer it altogether.

Plate 4 represents a Récamier metroscope, with its guide. This instrument is of silver, and bevelled in a way to facilitate the operation, in engaging the os tincæ in the open end of the tube, which readily catches the cervix by its projecting long lip. It has not any handle, a thing that, moreover, is both useless and troublesome by catching in the bed-linen or the napkins with which the patient is always to be enveloped on such occasions.

With a Récamier tube, one can readily observe any, even slight modifications of form or surface, hue, abra-

sion, vegetations, druses or botryoidal excrescences. Small polypi, jutting from the canal of the neck, any fissures or rhagades, ulcerations, cauliflower degeneration, or open carcinoma, &c. &c., that shall have given rise to the symptoms may be thus seen. The same occasion may be seized to make such surgical dressings as may be indicated, and the sacrifice of sensibility in this way made by the sufferer, is almost sure to be rewarded by a speedy cure of any curable disorder, which, but for such sacrifice, would continue to make her unhappy, leading, by a perpetual progress of deterioration, to ruined health, and, finally, to the last refuge of the miserable, which is the tomb.

A diagnosis by the metroscope should be made in the daylight, and always in presence of a third person.

The patient should lie on the back, near the side or foot of the bed; the head, and not the shoulders, resting upon a pillow. A sheet or spread is to cover the person; the margin of the covering to descend nearly to the floor.

The knees should be much flexed, and the feet near to the trunk of the body.

Before proceeding to adjust the instrument, an examination should be made by Touching, to ascertain the precise position of the uterus, and the place occupied by the cervix; the sensibility, resistance, volume, &c. of the neck, and particularly, the state of the aperture of the womb.

There should be provided a Speculum-forceps, and some small bits of moistened sponge, or carded cotton,

which, being held in the forceps, serve to absorb or remove any mucus or slime, or sanguineous excretion. The most convenient Speculum-forceps that can be got is probably a bullet forceps; such as the one proposed by Professor Gibson.

The Speculum-forceps of Charrière is far less convenient.

If the Metroscope should now be adjusted beneath the coverings, and the margin of the sheet be afterwards carefully wrapped around the outer end of the cylinder, it will be easy to conceal, in this way, the entire person of the patient, while the light falling down the tube, serves to reveal any existing signs of disease of the parts to be examined.

If these inquiries are instituted for the purpose of determining the precise cause and learning the proper treatment of a troublesome leucorrhœa, especially one characterized by the albuminous discharges heretofore mentioned, we shall rarely fail to observe a positive inflammation of the cervix and os uteri, or to notice a certain quantity of transparent viscid phlegm, oozing slowly away, or tamponing the orifice of the canal of the cervix.

One or both of the lips of the womb may be found tumid, softened, granulated, or botryoidal in appearance, and of a uniform red; or else drusy as to the surface, and presenting some resemblance to the surface and color of a ripe raspberry; whence it has been the custom of some to speak of this form of inflammation as *inflammation framboisée*, a French word that very aptly expresses the idea of it.

Annexed is a drawing (*vide* Plate 5), by which we hope to impart a correct idea of one of the forms assumed in inflammation of the cervix uteri. It was drawn soon after the inspection of a case that was under the care of the Author. The lady, about forty years of age, was the mother of several children, of whom the youngest was between three and four years old.

She had long complained of weakness, pain, and dragging sensation in the back and loins, a bearing down at the hypogaster, and a leucorrhœa, which she supposed to be the whole malady. Her fastidious delicacy induced her, for many months, to conceal her uneasiness; nor did she at last apply for counsel, until her health was very much reduced, and her appearance greatly changed. She had acquired a deep sallow tint of the skin; had anorexia; lowness of spirits; intestinal torpor; slight dysuria, and a constant fluor albus.

It was not until after presenting clearly to her comprehension a statement of the motives for it, that she reluctantly consented to allow a metroscopic examination to be instituted; and it manifestly appears that none other could have possibly revealed the real nature of her position and its danger.

The os tincæ of a healthy woman with difficulty suffers the passage of a small female catheter into the canal of the cervix. In this case, the ends of two fingers could be introduced nearly half an inch. The cervix, of course, must be much enlarged to make so great an aperture. But the drawing, which is believed to be as correct as

any daguerreotype could be, will show better than words the appearance it presented.

Plate 5, which may be compared with Plate 1, will show how enormously this Chirurgical neck and this os uteri exceed in magnitude the one we have presented as a sample of the ideal or standard uterus.

The cervix, although so greatly enlarged, and as red as the tint in the drawing, was not exceedingly sensitive. Its resistance was neither too hard nor too soft, as is the case in the hypertrophies. The os had the shape or form here expressed. It was enlarged, but not deformed. Had it been deformed, that circumstance alone would decide as to its being not hypertrophy; because, it would prove that the development or growth was non-equable.

The orifice or aperture of the canal was occupied with a viscid transparent slime, which was the albuminous product of sur-excited muciparous glands and follicles, which abundantly line the canal of the cervix. Its appearance is pretty well represented in the engraving.

Inspecting the interior of the canal of the neck, as far as it could be observed, the red tint seen on the lips gradually passed into the dark, almost black hue, which, in the figure, approaches to the color of melanotic tissues, and it was of so black a color as to lead the writer at first to fear that it was due to some process of sloughing. He had never, in any other case, noticed anything similar.

This case was treated, by the author, by means of antiphlogistic contacts of the nitrate of silver pencil.

The number of those contacts, which were reiterated with intervals of from five to seven days, did not exceed six or eight, and as the inflammation vanished before the therapeutical power of the remedy, the womb returned rapidly to its form and dimensions; just as it would do, if, being enlarged by gestation, it should be set at liberty, by an abortion, to return to its non-gravid condition. We shall shortly explain the meaning and intention of the phraseology we have employed, as to antiphlogistic applications of the argent. nitratum.

The ideal womb is two and a quarter inches long. This specimen was so much augmented in size that, while the os tincæ was low down in the excavation, the fundus was distinctly felt above the plane of the superior strait, being at least one inch higher than that.

It might, perhaps, be a desirable thing to know, if possible, why it happens that, in certain cases of inflamed cervix, the surface of the lips of the womb should be smooth or even, as is seen in the present specimen; while in others, the inflamed superficies become uneven, or tuberculated, or drusy. To show the difference here alluded to, the Author begs to ask attention to the annexed figure (Plate 6), which exhibits the uneven surface in question.

This drawing is also copied from nature, and represents an appearance very commonly met with in practice. The Chirurgical neck is manifestly and much enlarged, which does not imply merely swelling of the texture, but rather, a condition of hypertrophic growth or nutritive development. Here, as in almost all the

examples, the hypertrophy proceeds from the provocation contained in a positively inflamed state of the corpus mucosum uteri.

Such an inflammation is, virtually, an advanced vital *status*, which stimulates the whole organ, and compels it to obey its natural law, which is that it shall wax or increase in substance, equably under certain stimulation. This is the power which enables it to go through those vast but equable mutations of its form and substance that coincide with gestations.

One might well, from inspection of such a specimen, deem that the vital *status* of the corpus mucosum must be dangerously exalted. It exhibits many tubercular elevations, which, however, are soft and velvety to the touch. There was no ulceration; on the contrary, the entire surface was covered with its pavemented epithelium, which was so delicate, however, as easily to be broken by a sponge, or by imprudent, awkward manipulation with the tube. Madame Boivin seems to have conceived the idea that a tuberculated surface like this may possibly be the expression of a commencing stage of cauliflower degeneration, and the thought is worthy of attention.

The patient from whom this drawing was taken, was rapidly cured, the irregularities of the surface subsiding to the ordinary smooth level, and all the excess of magnitude, sensibility, and color of the parts being taken away, chiefly by contacts of the nitrate crayon—in which surely resides a true antiphlogistic therapeutical

force, as we shall hereafter endeavor to show and explain at greater length.

Out of a considerable number of drawings, faithfully representing this appearance of disease in the subject, I have selected these two as sufficient to explain or illustrate those physical lesions the practitioner may expect to meet with; not wishing to load this essay with a useless array of specimens. I shall, however, add one more of this class (Plate 7), taken from nature, in a patient who had, for a long time, and in vain, been subjected to treatment by nitrate of silver cauterizations. It also presented the appearance, like that shown in Plate 5, of a collection of albuminous mucus in the orifice. As here, so it often happens to observe this mucus-production to be greatly augmented; whereas, in other samples closely resembling it in certain patients, this peculiar sign is either not seen at all, or in indifferent quantity.

It may well be supposed that variable degrees of vital excitement in the muciparous apparatus, might, for one individual, or now, cause excessive production, while at another time, or in another case, it should give rise to no excess in the albuminous production, and thus we may justly infer that this albuminous discharge is not invariably present as a pathognomonic characteristic; but on the contrary, the inflammation is the thing to be considered, treated, and cured, if we would really restore the patient's health. When the albuminous discharge is seen, it is, however, always pathognomonic of the cervical inflammation.

The Author respectfully submits, that these illustrations are sufficient to confirm his assertion, precedently made, that diagnostication by M. Récamier's method is indispensable for the correct information of the medical attendant. Not only do they show how concise and absolute such a diagnosis may be; but they must convince that diagnosis, by touching alone, could not convey to the mind so precise a notion of the surgical and medical wants of the sufferer; while they, farther, manifest the facility, convenience, and exactitude, with which surgical dressings and other treatment may be made by the metroscopic method.

Whosoever should examine these illustrations might be expected confidently to infer that so considerable an inflammation as either of them represents, would be likely, not only to give rise to the constitutional disorders attendant upon many examples of leucorrhœa; but he would also understand why, along with the albuminous fluor, there might arise an excessive vaginal secretion, which, nevertheless, would be but one of the accidents of the principal case.

Daily experience convinces that multitudes of sick women are treated by professional and other persons, for affections like those here portrayed (without the least inkling of the truth), with vaginal injections of various astringent and other solutions and infusions, which rarely produce any good effect upon the health; though they serve, in many, to add to the mischief.

It would certainly be a considerable step in the progress of clinical medicine, were it possible to clear up

these obscurities, and banish from the art the mere senilities which so much discredit it; but this can only be done by means of perfect diagnostications.

I beg to repeat that physicians, in order that they may make proper ministrations, require—not belief, but knowledge of their cases. Where perfect knowledge of the case can be obtained, there will be the most perfect administration; there will be, at least, the meliorations; and, in so far as remedies can succeed, there will be the most successful results or cures.

A medical man, ordering injections for such disorders as are here described, will assuredly be baffled, since no such injections can be supposed to pass beyond the limits of the vagina itself. They cannot penetrate into the canal of the cervix. They bedew only the mammillary part of the uterus, while they bathe the entire of the vaginal walls. It is the custom of many practitioners, to order vaginal injections, composed of solutions of argent. nitrat. of various strength. Few of them, we are persuaded, can say they have found much advantage to the patients from this operation. If the Author is to be justified in asserting that the major part of these cases consist, essentially, in disease of the cervix itself, and not of the vagina, which is only secondarily or symptomatically involved in the disorder—then such a practice is either useless or pernicious. If such a solution is strong enough, it is too strong; and if it be too dilute, it is indifferent in the treatment, or merely nugatory.

The patient requires a remedy for the raspberry-

colored inflammation of the neck—one fitted to bring to its close a train of perverted and exalted vital force of an organ, whose disturbance proves to be one of the most considerable disturbers of the constitutional health. The cure of the real disease, the radiating point of disturbance, cures the leucorrhœa, as well as all the balance of the perversions.

But, it is proper for us to exhibit other appearances assumed by the inflamed cervix uteri, lest a false direction be given to opinions upon such special cases as may come up in one's practice. We have already exhibited several modifications of the cervical surfaces observed in different specimens, and we here call attention to one represented in the annexed figure (Plate 8, Fig. 1), one that is not quite so common as the *inflammation framboisée*, yet so common as to be often met with in practice.

The appearances here exhibited (Plate 8, Fig. 1) were those observed in the case of a lady from a distant city, who was addressed for treatment, to the writer, by a distinguished member of the Profession. She had been for a considerable time under his own medical care, after having undergone a great variety of surgical and medical treatment by others, but without any useful effect.

She complained of pain in the interior of the pelvis; and of disordered menstruation, which was both menorrhagic and painful, as well as irregular in its returns. She had dysuria; pain in the middle of the sacrum, and tenesmus: she was excessively hydræmical and de-

sponding, and had capricious appetite; while acidity and torpid bowels accompanied the affections above enumerated, and, to crown all the rest, she was frequently attacked with what might be called crispations, or rather spasms and convulsions, simulating closely certain epileptic forms. The nervous system was in a state of such sur-excitement, that a word, a look, an emotion, or any motion of the limbs, often served to render her quite insensible from an attack resembling a slight form of puerperal eclampsia.

She had borne three children, of whom she had, within a year, lost two by scarlet fever; and that event, by the moral shock it occasioned, had greatly aggravated all her pre-existing complaints.

The womb was retroverted; the fundus resting in the Douglass cul-de-sac, while the os was near to the symphysis pubis.

Upon exposing the chirurgical neck to a beam of daylight, by means of the Récamier tube, the os proved to be inflamed, with the margin of the anterior lip tinted red, just as is here shown; while the lower lip was covered by a disk of inflamed corpus mucosum, of a square shape; the whole of this square patch was evidently a raised surface. One might almost venture to call it a *molluscum* on the cervix. It is frequently met with in clinical practice in sexual disorders; and we think always exhibits this peculiar character. Its frequency in practice, we repeat, is considerable.

In reasoning upon such a case, it would seem superfluous to look beyond facts, like these as here stated,

for a rationale of the constitutional and local phenomena. The healthiest young married woman is liable, almost immediately after conception, to be affected by those disturbing radiations of the uterine or hysteric force that are developed by the new vital states of pregnancy, and she may soon be seized with distressing nausea, or frequent vomiting, or profuse salivation; with anorexia, hydræmia, hysterical passion, and a thousand perversions both of the reason and the senses, as well as of the organic functions.

If the hysteric malady, with its incoherent train of vital manifestations, may arise out of a basis of reproductive irritation, even less considerable than that of an incipient gestation; we really are not called upon to look farther for causes of the constitutional symptoms of our case than to those morbid states of the womb that are here set forth in the figure 9.

As to the treatment, the fundus uteri was lifted up out of its false position, the cervix was thrust back to its place near the sacrum (see the ideal standard, Plate 3), and retained in it by means of an annular pessary, whose sacral segment rested in the posterior vaginal cul-de-sac, and its pubal segment against the pubis. Nothing could now retrovert it again.

To take the womb thus out of its dislocated position would, alone, go far towards insuring its recovery; and it will be presently contended that many of the uterine diseases, even great hypertrophies, require no farther treatment; but being thus delivered over again under dominion of their natural or generical laws, they hasten

to recover their true generic substance and form, by involution, as after parturition. In this instance, however, the disk of inflamed tissue was treated by antiphlogistic contacts of argent. nitrat., by which it was cured; and thus provision was made for the early removal of a cause of the constitutional disorders, additional to the displacement cause.

Having repeatedly spoken of contacts of the nitrate of silver as antiphlogistic contacts, it seems proper now to explain my meaning in the use of that phraseology.

It is undeniable that a pencil of nitrate of silver applied to a soft, moist, living tissue, and held long in contact with it, will disorganize the tissue, and so prove to be a destructive contact. It is equally undeniable that a contact may be effected with such rapidity and lightness as to prove ineffective or indifferent, while there is another mode or force which does resolve inflammation with great certainty; and this is the antiphlogistic contact above spoken of. We therefore feel warranted to speak of such use of the nitrate of silver as being either DESTRUCTIVE, or INDIFFERENT, or ANTIPHLOGISTIC contacts; and experience confirms the propriety of the classification; for, we meet with numerous examples of treatment that conclusively prove it is not the mere treatment by escharotics that is successful, but the use of them in such a way as to provide for their due operation as antiphlogistics and not as destructives; for as any ulceration of the mouth of the womb is a thing of very rare occurrence, we do not require, in the case, the use of destructive contacts of the salt of silver

or other escharotic, but only their curative or antiphlogistic power—a power which is perhaps really due to their contro-stimulant faculty. Certain women, who are in vain treated for these cervix-inflammations, for months in succession, by contacts of nitrate of silver, recover their health very speedily upon a few such antiphlogistic or contro-stimulant touches, lightly made—that is, made with due regard to the resolvent or antiphlogistic power of the drug. It is not enough, therefore, in studying this subject, for the practitioner to resolve upon the treatment by a method of escharotics or cauterizations, as it is erroneously expressed. Far from it—what he requires is, to create for himself an IDEAL of his operation, so that, when about to perform it, he may predetermine what it is he hath to do, and whether the contact he is going to make shall be a destructive or an antiphlogistic one. It might equally well be called a resolvent one. He who fails to set up before him this IDEAL of his duty and purpose, will be apt to fail in the cure; or his cure will be a chance-medley and not the product of a rightly reasoned purpose and conformable act.

This absence of precision in the design and act frequently occasions the greatest and most dangerous aggravations, and the most poignant sufferings—which, in our estimation, is wicked and abominable. They are disgraceful to the Art and the artist at once.

Believing these remarks to be both just and clinically important, it is desirable they should arrest the attention of every practitioner in this line.

After the foregoing observations, we will now aver that, by means of antiphlogistic contacts of the nitrate crayon, it is possible to cure, and that speedily, most of the inflammations, and their accidents met with in this humble department of clinical medicine or surgery; for it is to be remembered that few of them are attended with any, the least degree of ulceration, as we have before asserted.

It is a common opinion, and it is generally agreed to say so, that these are ulcers on the womb; and there are people who seem never to fail to discover an ulcer upon making an examination with the speculum matricis. An immense experience in a populous metropolis—an experience greatly increased by the resort of numerous invalids from the country, and from the different United States—enables me with confidence to declare, that an ulceration of the womb is among the rarest of disorders. I repeat the expression of my opinion, that these disorders and *framboisée* inflammations and hypertrophies of the cervix, have been misinterpreted and accounted as ulcerations, which they were not, the superficies being covered with a delicate epithelium, yet so very delicate as readily to give way and suffer abrasion under improvident, unskilful manipulation with the tube or the sponge.

A proper antiphlogistic and resolvent contact of the crayon ought not to destroy even this delicate epithelium; but rather to make it more firm and dense, and so planish, as it were, the unevenness down to the normal surface level. In this way, we may compel the

drusy or tubercular eminences to sink down again to their place, and, by solidifying the epithelium, give a firm physical delimitary support to the before debilitated capillaries that rose up in the form of a soft molluscum.

My patient was thus treated. She was also advised to take abundantly a nutritious diet, with a copious allowance of Bordeaux wine and water; to swallow, soon after each daily meal, two grains of iron revived by hydrogen, and made into a pill with clarified honey; to get into the open air, on foot, as much and as long as possible, and, being a person inclined to follow the instructions, she soon recovered a good state of health.

As incidental to this part of our explanations, it may be proper to remark, that the state of the canal of the cervix so often referred to, is, in all probability, one of the ordinary causes of sterility. In examining these structures after death, we have observed the whole cylinder of the canal of the cervix to be filled or tamponed, so to speak, with a plug of viscid lymph, so obstructing the passage as to render it apparently impossible that any spermzoon could obtain access to the uterine cavity. Certain it is, that some sterile women are always affected with this excessive albuminous mucous production. We have met with instances of unrelieved sterility in women enjoying the most robust health, with the sole exception of this vexation, which never gave any pain, nor modified the mensual phenomena in the least. Many women, who had temporarily suspended the usual succession of their gestations, apparently in consequence of this derangement of

the health, have again conceived after the cure of the albuminous leucorrhœa; or rather, the inflammation of which it was the sign and consequence.

Surprise has often been expressed on observing that married women, after years of sterile cohabitation, have suddenly become fruitful. In these instances, the want of fruitfulness could not depend on failure of the ovulations; may it not be that the spontaneous cure of a protracted and subacute inflammation of the kind herein treated of may have restored the health, and so given power to take away the woman's reproach?

Continuing the plan adopted in this essay, we now observe that other forms of cervical inflammation, than those already described, will present themselves to the observation of the clinical practitioner; and we submit the accompanying drawing, taken from the life, in a case which proved unexpectedly rebellious to treatment, though it was subdued at last.

This person, a lady of small stature and delicately formed, of a sanguine choleric temperament, had given birth in rather too rapid succession to six living children, and experienced, in the third lying-in, a very dangerous attack of childbed fever; and, a few years later, subsequently to the birth of her sixth child, suffered from a severe crural phlebitis, or milk-leg. The health had been less firm than usual after her recovery from the phlebitis, although she was not afterwards, on account of her valetudinary state, confined to the house.

After, for a long time, patiently enduring severe pains, referred, in chief, to points in the neighborhood

of Poupart's ligament of the left side, with distressing sensations in the range of the external obturator nerve, bearing-down feeling, backache, debility, loss of appetite, irregular action of the bowels, and dysmenorrhœal symptoms, she asked for advice. There was inconsiderable fluor albus, no positive dysury, nor other sign of uterine deviation or displacement. Exercise on foot invariably increased the pain, and the jarring of carriage-springs was highly annoying. She looked dispirited and wan.

Touching the chirurgical neck, it was found to be excessively solid, with the posterior lip not a little longer than its fellow. The touch gave, from the resistance, the idea of scirrhous induration; and was so painful, even on slight pressure, as to be very unwillingly borne, and then, not without some exclamations. The left angle of the os was sulcated—as if it had recovered imperfectly of some foregoing laceration in labor. Pain excited by this pressure was felt not only at the point of contact, but severely in the left groin and inner side of the thigh.

The lady submitted, under advice, to an examination by the metroscope, and it disclosed the form, size, and hue, portrayed in the figure (Plate 8, Fig. 2). A long familiarity with maladies of this class, did not prevent the writer from having repeated misgivings as to the result of this attack; which again and again seemed to take upon it so many threatening characteristics of carcinoma, and resisted so obstinately the most careful, reasoned, and persevering treatment, that, even now,

he is led to doubt if the case was not strongly tinctured with the malignant nature in question.

It was treated with antiphlogistic contacts of the nitrate crayon, with emollient injections of flaxseed mucilage, with anodyne enemata, containing, each, forty drops of tinct. opii, at bedtime, with repeated application of Swedish leeches to the cervix; with a regulated diet, occasional baths, a soluble state of the bowels; much rest on the sofa, and the use of hydriodate of potassa, combined with comp. syr. sarsa.

Of several hundred cases of inflamed cervix (at various times, for many years) under treatment, this appeared to be the most irresolvable. Yet it began at last to give way, and slowly yielded—so completely, that the patient was advised to take a course of the waters at Saratoga; from whence she returned in good health, after an absence of a few weeks. Since that time she has passed through a healthy gestation, and has given birth to a robust infant with the easiest of all her labors. During the dilating processes of the labor, the whole cervix was found remarkably healthful. The recovery was fortunate; and she has very good reason to rejoice that M. Récamier has taught the profession not only how to make a physical diagnosis, but also how to treat these dreadful cases. We repeat here, that an inspection of our drawing will communicate an idea of the physical appearances, wellnigh as correct as the direct observation of the inflamed cervix itself. It cannot well be believed that such a form of inflammation as this could be made amenable to a treatment by

mere vaginal injection, by alterative doses of mass. hydrarg., by preparations of iodine or tartar of antimony, or any other merely constitutional medication. It is true that, in some instances, the topical applications may have been either indifferent, or positively injurious; and it must ever happen, that even where one forms in his mind a correct ideal of the therapeutical purpose and act, he may err in the realization of it. It can only be said, that the treatment rarely gave rise to other pain than what was caused, sometimes, by pressure of the instrument. But every sensible pressure with the index finger gave as much. Be this as it may, the ultimate final resolution of a detestable inflamed induration of the cervix, and her complete recovery, furnish proof, that the method (if not a safe, or a desirable one) is, at least, in some very unpromising instances, crowned with the happiest success.

The author having already set forth, in a preceding part of this paper, his views in relation to hypertrophied states of the womb, and the constitutional proneness of that organ to undergo hypertrophic development, he will now beg to call attention to some of the consequences of uterine irritation, that differ, at least in form, from those already adverted to and illustrated.

Women, who complain of intrapelvic pain, and other disorders of the lower part of the body, are inclined, in general, to account for these incommodities by referring them to, what they call, womb-complaints. This term is so vague and imprecise, that the pronouncing of

it rarely excites any clear precise idea. Among these cases of womb-complaints, probably none are so common as those which depend upon retroversion of the womb. So frequently does this affection occur in the course of one's medical practice, that one almost acquires a disposition, in every case, before examination, to suspect it has some dependency upon *retroversio uteri.* The author has long been fully convinced that retroversion of the womb constitutes seventy-five per cent. of all cases of sexual disorders, that are of a gravity sufficient to require appeal to medical advice. This may, at first, appear to be an exaggerated estimate; but it will probably be found sustained by statistical experience.

An inspection of Plate 3 shows how it must happen, that alternating states of fulness or voidness of the urinary bladder must interest the uterus, as to its place. An overfilled bladder of urine, by thrusting the fundus backwards towards the sacrum, puts violently on the stretch the ligamenta rotunda; and, as the uterus is, to a certain extent, rigid and inflexible, it follows, that if the fundus is thrust back so as to stretch the round ligaments, the cervix must come forward, straining at the same time the utero-sacral folds—for the womb moves by the way of see-saw—in being retroverted.

A great many women and young girls suffer themselves to acquire the bad habit of retaining the urine until a large quantity is accumulated within the bladder. Thirty ounces of liquid, in the urinary bladder, make a mass as big as a quart measure, and it cannot but thrust the uterus injuriously backwards, causing the

neck to see-saw at the same time forward, and approach the pubis.

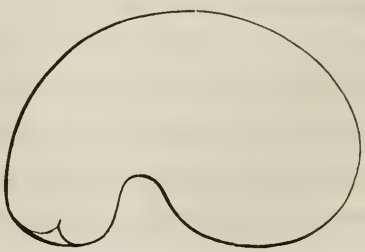
A long habit of this kind comes at last to ruin the uterine ligaments; so that the fundus, being wholly overset backwards, sinks down into the Douglass cul-de-sac, while the os takes a permanent place near the symphysis pubis; and this is retroversion. It is even sometimes a congenital malposition, as shown by Morgagni and others.

But, let it be remembered that the womb is constitutionally prone to set off on a race of hypertrophic development, and we may then understand how it shall be readily provoked to commence a process of hypertrophization, by the awkward, unnatural, and irritating posture it acquires in retroversion.

We have met with some of these cases in which the womb grew so much that the fundus was jammed against the hollow of the sacrum, and the os against the symphysis, or on the soft parts above it, compressing the bladder most mischievously, but not at all bending the womb itself.

In other specimens, we find the uterus bent like a retort, as in the outline figure annexed. The angula-

Fig. 1.



tion, in some of the examples, is almost acute; so that the caliber of the canal of the neck is seriously diminished, and its function as an efferent duct for the menstrua, in a measure hindered; whence we have distressing dysmenorrhœa.

Medical men, called upon to diagnosticate in such cases, should be very careful, first to establish in their minds the ideal or standard, by which to compare; otherwise they will be apt, upon finding the whole pelvis occupied, or blocked up with an immense and immovable solid mass, to conceive of it as a tumor; whereas it may prove in fact to be no tumor, but only an overset and enormously hypertrophied uterus.

We have met with repeated examples of such misinterpretation of the case, women being supposed to labor under tumors within the pelvis, whereas the supposed tumors were nothing more than the posterior aspect of the corpus and fundus uteri, turned over and touched through the posterior membranous wall of the vagina; and wholly disappearing as soon as the womb could be properly reposited.

A young lady was brought to the Author from a distant State, being accompanied by her attending physician. In this case, a drawing was made, after the most careful examination, of which we subjoin a copy—Plate 9.

The figure is one-fourth less than the natural size, and is made to exhibit a cross section of the pelvis conducted through the pubis and sacrum, with the fifth lumbar vertebra. In making this exploration, it was

easy to verify the diagnostic by hypogastric palpation, and by examination conducted both by the rectum and the vagina. The cervix was bent, as in the figure, and the body of the uterus enlarged and turned over deep into the recto-vaginal cul-de-sac. The entire mass was so packed and immovably fixed in the excavation as to make it impossible for one to raise it by any degree of upward pressure with the fingers, and the canal was too much curved to admit of correcting the deviation by using Professor Simpson's sound. In general respects, the patient's health, being not very greatly affected, she was advised to return to her home and undergo attempts to reposit the organ by the use of caoutchouc bottles filled with curled hair, a method proposed by M. Hervez de Chegoin. The result has not been communicated to us, farther than to inform us that the lady's health is improved.

We have stated this case, because the diagram was made after due reflection, at the time of our consultation, and because we rely upon its accuracy as a representation of not infrequent cases of disorders of the cervical portion of the uterus. Certainly, we have met with a considerable number of analogous forms of disordered womb for many years past.

To reposit the uterus, and maintain it so, would appear to be the chief indication in such a case; since that alone would be to place it in a condition to obey again its normal or generical law of form and substance. We repeat that a considerable number of instances, in which the womb was greatly augmented in every di-

mension, in consequence of the irritation superinduced by retroversion, have been treated with the happiest success, on this principle, by the author of this essay.

To show how great is the change wrought in the hypertrophied uterus by such reposition, we annex two figures (Plate 10, Figs. 1 and 2).

These drawings represent one and the same uterus, Fig. 1 being a view of it when the hypertrophy was at the highest stage; and Fig. 2, when it had entirely disappeared.

The patient was a woman 39 or 40 years of age; her children were all grown up, except the youngest, a daughter, some 13 or 14 years old.

When first called to the case, the belly was tumid, and to a considerable degree tense and sonorous on percussion, but, with the integuments, so strictly drawn over the abdominal contents as to prevent any satisfactory conclusion concerning the state and nature of the substance giving rise to the so great distension.

There were dysury and pelvic fulness, with tenesmus; the menstrua absent, causing some suspicion, on her part, of existing gestation.

Touching disclosed a retroversion. The pelvic cavity was so full as to seem packed. The os uteri was higher than the top of the symphysis pubis, and permanently there. The substance of the womb could be traced down and backwards to the hollow of the sacrum.

This womb was reposited, completely, and with considerable relief. Subsequently, after severe catharsis, it became possible to trace its outline in the belly, and

Professor Simpson's womb-sound was used, in order to clear up the diagnosis. I next very slowly and cautiously passed the sound into the os uteri, and it advanced without giving pain or encountering any obstruction, until the probe-point of it was arrested by coming in contact with the vault of the fundus. The sound had gone six and a half inches into the cavity, which proves that the Fig. 1, Plate 10, is correct as to its length. I am answerable that the volume of the chirurgical neck and the orifice are also rightly illustrated, while the transverse diameter is as near the truth as I could make it by the most careful measurement, spanning it with the thumb and fingers through the abdominal walls, relaxed after the cathartic operations.

The rectification of the position did not, however, save the life of the unfortunate patient, who proved to be also affected with a colloid degeneration of the ovary. This, which became an enormous mass of disease, spread its ravages far and wide within the peritoneal cavity, and she died at the end of six months from the time here referred to, after repeated paracentesis abdominis. Upon making a *post-mortem* examination, the uterus was found to be of the size and form represented upon the Fig. 2, Plate 10.

The case appears to us to present points of great interest, since it shows that a vast increase of the volume of the womb, unconnected with conception and gestation, is no more inconsistent with recovery of the non-gravid form and size, than a similar recovery after healthy pregnancy. The measurement, made with

Simpson's sound, and the opportunity to determine the appearances of the organ, after the death of the lady from colloid cancer, rendered it an extremely favorable example for illustrating the views set forth in this report on the subject of uterine hypertrophy. It ought not to be forgotten that this womb admitted of the introduction of six and a half inches of Simpson's womb-sound soon after it was relieved of its retroversion, and that the lady perished, some six months later, with degeneration of the ovary and other parts. If, therefore, the hypertrophy of the womb had had any dependency upon the ovarian disease, we should not expect to find it reduced back to its normal size; whence we infer that, to relieve it from its dislocated position, was the very thing necessary for its cure.

Since writing the above, we have concluded to present a drawing (Plate 13, Fig. 1), exhibiting the appearance of a case of hypertrophy of the cervix uteri, which came under care of the author. It was the case of a maiden lady of some 35 years of age. It is believed that this picture may serve to communicate a correct notion of the physical characteristics of the chirurgical neck in the instance referred to. This patient recovered under resolvent contacts of the nitrate crayon, and the exhibition of internal remedies of an alterative kind. Probably such considerable augmentation as this of the cylindrical portion of the womb, yet not involving a state of general hypertrophy of the organ, will not be very often met with in practice. Still, cases of the kind are of sufficient frequency to give interest to the description of

such a great change in the volume of the neck of the womb. In this instance, and in others much resembling it, we have not been accustomed to detect signs of positive inflammation in the part. Nevertheless, it would be reasonable, from the resolving or deobstruent power of the nitrate contacts in positively inflamed cervix, to infer a similar availability in mere hypertrophic irritation; and practical experience justifies such an inference.

Another drawing (Plate 11), herewith presented, shows the appearance of a cervix and os examined by the writer. The patient was a resident of a neighboring State, who, some months previous to her visit to Philadelphia, was visited, at her residence, in consultation. The womb, at that time, was completely retroverted, and so much enlarged as to fill the excavation, pretty much as it is filled by the presenting part in a labor. It was, at the time, immovable by the hand, but was afterwards slowly raised by means of the caoutchouc bags or pessaries of Hervez: vid. *Trans. Acad. Roy. de Méd.* tom. ii. p. 319. She was considered to be dangerously ill; but began to recover when the womb was replaced and relieved. After acquiring a tolerable degree of health and strength, she proceeded to Philadelphia, complaining of bearing-down pains and intropelvic distress, with catamenial disorder, attributable to the remaining and uncured disorders of the uterus.

The metroscope showed the os tincæ and cervix as they seem in the figure, in which we have represented the

organ foreshortened. The unhealthy state of the cervix was attested, not only by its augmented size, the tubercular elevations of the margins of the orifice, and the red inflammation, but also by the viscid albuminous discharges from the canal of the neck.

The treatment consisted, mainly, in the use of antiphlogistic impressions made by the nitrate of silver pencil. The inflammation of the mucous body being cured, the disordered womb returned to its accustomed obedience to its generical law of form and substance, and recovered its normal magnitude.

An inspection of this specimen of disorder, remaining after a very great hypertrophy had been reduced, strengthens the inference hereinbefore expressed, that the precise appearances manifested by the os and cervix, in inflammation, are accidental—being either drusy, tuberculated, or smooth and even in surface; and now we present a case of hypertrophy, of which Plate 12 is a just and fair exponent of the appearance, as it was examined by us, both by touching and by the Récamier speculum, as well as by M. Joubert de Lamballe's ivory metroscope.

The os uteri was of this size, and the cervix could not be embraced within the aperture of the Joubert instrument. The neck of the womb, as far as it could be explored by thrusting the fingers upwards all around the neck, in the vaginal cul-de-sac, was of this shape, and flaring out at this rate. The fundus, which was readily detected in the hypogaster, was as high and as ample as is here seen.

The tint of the inflammation of the os tincæ is carefully reproduced in the drawing.

The patient had been in apparent danger of imminent death a few weeks before this sketch was taken, and from causes connected with this uterine disease. She is the mother of a numerous family.

Some leechings of the chirurgical neck, and repeated applications of nitrate of silver to it, served to cure the cervical inflammation, and the womb returned to the size shown in Plate 13, Fig. 2. The patient was soon restored to health, after several years of the greatest inconvenience and many most painful and alarming attacks endured before this treatment began.

No man, much experienced in the treatment of uterine hypertrophies, can have failed to meet with persons in whom, to examine by touching, was to find the pelvis filled up solid, so to speak, with the os uteri close to the pubis. We have met with not a few such instances; and it has happened more than once, that we have been so much disheartened upon a first examination, as to be prompted to make a diagnosis of incurable disease.

In one case, a lady from the distant South, and in the most wretched health, had the excavation so filled up with a hypertrophied and solidified mass, that there was scarcely space sufficient to allow an introduction of the index finger betwixt this mass and the floor of the pelvis upon which it rested. The neck and os were near the symphysis. It was a case of complete immobility of the uterus, which seemed as big as a fœtal head in a labor at term. By means of a Para gum-elastic bottle,

a very small one, stuffed with mattress-hair, we made an oviform pessary, a little bigger than the thumb. This was forced into the vagina, and retained by an outer compress. In a few days, one somewhat larger was substituted. The elasticity or spring of the caoutchouc bottle steadily pressed the mass upwards, and the size of the balls being occasionally increased, we had the satisfaction to find, after no very protracted service, that the intropelvic tissues had acquired a natural character, and the lady returned to her country in very good health, which she still enjoys.

We might relate a great number of cases to show that upon removing the causes of augmented volume of the womb, it falls speedily into its generical habits of nutrition, but we abstain, considering that the declaration of this doctrine, indeed, with a few illustrations and explanations, ought to suffice to present the matter clearly to the apprehension of any of our intelligent colleagues.

It is, by many, very confidently supposed that the use of escharotics in these cervical inflammations will speedily suffice to restore the health of the patient; and those who are most accustomed to use them, are, perhaps, more thoroughly convinced, than any other persons, of their great efficacy. It will not, however, always answer to make the application to the mammillary part of the cervix alone, because the inflammation is, in some of the examples, found to attack, with greater or less severity, the corpus mucosum and the mucous follicles of the *canalis cervicis*. Here it is proper to apply the nitrate by means of Lallemand's port-caustic,

or by means of a fitch pencil, which is composed of hairs so rigid that one can readily pass it, loaded with a solution, some distance up the canal. . It would be dangerous to inject such solution with a syringe whose canula should be introduced within the os. But after all, we must meet with cases, at first to all appearance tractable, that will, in the end, be found to foil our most patient and well-reasoned efforts to cure them.

One makes up a diagnosis upon the means or elements of a diagnosis—there is no other way. One cannot, therefore, positively declare what is the state of the tissues that compose the walls of the canal of the neck, and it may, and does happen that those tissues undergo changes which render a cure by the means herein treated of out of the question. All the parts that come into view might be apparently little changed, while other parts beyond the reach of sight and touch should be in a very different condition. Here is a drawing taken from a specimen in the author's collection, that illustrates this point. (Plate 14.)

This figure answers correctly, as to its scale, to the preparation from which it was drawn; and shows how considerably the womb was enlarged at the time of the woman's death; upon looking at the specimen, after closing the incision, we might be easily misled, so far as to think such a case would, in life, be readily amenable to treatment like Fig. 12; but on cutting it open by an incision from the fundus down to the cavity and canal, and to the os, it is seen that the interior is irremediably diseased, the substance of the walls being converted into

a sort of pennicillated structure, of which the ends of the pencils exhibit small tubercular elevations all along the inner wall.

A casual examination by touching, or even a careful metroscopy could not be expected to clear up such a diagnosis as this one; and all attempts to restore a healthful crasis and form to such degenerated tissues, by leeches, by escharotics, either on the outside of the neck or within the canal, must have failed. We know nothing farther of this case—it having come into our possession by the politeness of a stranger. Nevertheless, it is a specimen most useful in the study and minute research so desirable, as to these recondite sexual maladies. We have recently witnessed the death of a fine woman, who perished under this precise form of disorder immensely aggravated.

Changes taking place in parts of the texture of the inner wall of the cervix must be as various as accident could make them. Such a pennicillated degeneration as the above, being one form, it is not difficult to conceive of other modifications as producing either fibrous or cellular polypus, or the more unmanageable forms of Hæmatomatous degeneration, of which we have met with not a few examples in our practice, and we shall now introduce into our Essay the figure (Plate 15) representing a case which was for a considerable length of time under treatment without any useful influence being produced therefrom.

The womb was carefully examined, with a view to determine its dimensions and probable weight. It was

not more than four inches in its longest diameter. The os was of an oval shape, and the edges or lip was much condensed—to such a degree, indeed, as to communicate, by touching, the idea of scirrhous induration. Projecting very little beyond the plane of the orifice was a hæmatomatous mass, that evidently sprung from the right side of the wall of the canalis cervicis by a broad origin. This bleeding tumor is well represented in the drawing, in which the chirurgical neck, foreshortened, is seen to look like a bourrelet or ring projecting in the vagina, which is opened.

The hemorrhages, here, were on some occasions very threatening. There was little encouragement to be taken from the suggestion to remove the fungus by strangulation—a step forbidden, also, by the delicate state of the woman's general health.

Without indulging idle hopes of effecting a cure, and with clear understanding that no promises to that effect were given, or any flattering hopes held out, the case was conducted for a few months under very unfavorable circumstances, by means of nitrate cauterizations, destructive as to the hæmatome, but antiphlogistic as to the cervical ring. They, perhaps, cannot be said to have done any good; unless, indeed, we might attribute to them the diminished frequency and force of the hemorrhages, and, perhaps, also some positive reduction of the fungus itself.

Circumstances rendered it inexpedient to continue these attempts at amelioration, which were unattended with pain or any other sanitary inconvenience. The

treatment was repeated about once in every seven days, from the date in May, 1852, until the close of autumn. Certainly no aggravation was noticeable up to the final period of these attempts; and the patient went away supposing herself to be somewhat improved in general health. She is since dead.

As a general conclusion, a physician might venture, in such cases, to pronounce them incurable.

Women often complain of irregular mensual returns, saying, that while the legitimate periods are duly and healthfully observed, they are, in addition, vexed with an occasional show after any considerable exertion. Women are apt to regard every sanguineous discharge from the genitalia as menstrual discharge.

All those who recognize the truth that menstruation is one of the phenomena of ovulation, will at once suspect that such irregular *markings* must arise from some cause other than the physiological hyperæmia of the ovulative act. And, in fact, it is mostly found, upon due inquiry, that the patient has the raspberry-colored inflammation of the cervix, already described; or she has certain small *vivaces*, or bunches of red cellular and capillary tissue, which are either found peeping out at the plane level of a somewhat patulous os tincæ, or jutting quite forth out of and beyond it, and attached by a delicate peduncle or footstalk.

No one could expect to cure such a disorder as this by any sort of constitutional therapy, or by any vaginal injections; and it is not safe to leave them to their own tendencies, which would perhaps convert them into very

troublesome bleeding polypi—many of which are to be met with in a long professional course of observation. A specimen of this kind is seen in the annexed figure (Plate 16, Fig. 1). It represents the os uteri of a lady, who, without having much real indisposition, was nevertheless excessively annoyed by circumstances like those we have now detailed; and who indulged apprehensions of some disastrous term to them. Examine the drawing: it so very accurately exhibits the appearance both of the neck of the womb, and the little tumor or excrescence, that it scarcely requires description. Nevertheless, it is proper to call attention to the hyperæmia, or inflammatory turgescence of the os tincæ, and to suggest the notion that this redness and appearance of phlogosis probably extended some distance upwards within the *canalis cervicis*, thus maintaining a molimen hemorrhagicum, which, upon the slightest provocation, might cause a moderate gush, or marking of blood to appear, as particularly after a sexual union.

In a great many cases like this, it is customary with the author carefully to seize the excrescence, or nascent polypus, with the dressing forceps, and so twist it off at the base, if practicable, and, immediately afterwards, to apply the nitrate pencil strongly to that base, or, on some occasions, to use a camel-hair brush dipped in acid nitrate of mercury, which answers well and is followed by no inconvenience, particularly if a small velvet sponge, thoroughly imbibed with soap-suds, is immediately afterwards pressed against the surfaces. The soap

decomposes the excess of acid, and prevents the spreading of the escharotic beyond the place of contact.

One need not expect that the avulsion of these little polypi shall certainly effect the cure—for they are very likely to be reproduced; probably, because only the most outward parts have been removed. When properly removed, even down to the very source, it is unlikely to reappear; but a second and a third attempt should be made, if necessary. The case above illustrated was cured in 1851, and to all appearance remained so—the lady having no annoyance of the kind until, in the winter of 1852–3, she began again to perceive signs of its return, and now she has an excrescence like the one in the drawing, at the left angle of the os.

We have other drawings, exhibiting cases in which many such little excrescences were observed to jut forth of the opened os, looking not unlike so many very ripe red currants. We have treated them as above proposed, and with satisfactory results. It seems needless to introduce many of them here. Nevertheless, we have introduced the figure (Plate 17), showing the appearance of the excrescences protruding like ripe currants from the *os tincæ*, as mentioned on the opposite page. In this case, under treatment in the spring of 1853, there was hypertrophy of the womb to such degree, as to allow the fundus to be felt quite two and a half inches higher than the plane of the superior strait.

In continuation of these clinical details, we now remark, that the lady from whom the drawing (Plate 16, Fig. 2) was taken, complained of menorrhagia gradually

increasing in violence, and settling at length into an incessant drainage, under which she became excessively weakened and pallid. She had borne no child for some sixteen years, and, like a majority of women similarly affected, was confident that her trouble arose from what they call change of life. She refused, during some eighteen months, to submit to a physical diagnosis, and became, at length, so dreadfully affected with hydræmia, that her life seemed to be in great danger. She was repeatedly informed that the word change of life, as used in general, conveys no distinct idea, and that her issue of blood must arise from some organic fault.

At length the blood, from continual waste of the solid constituents of it, became so dilute, so hydræmic, that she could not walk across the carpet without bringing on palpitation, nor ascend the stairs but with caution, and always with much difficulty. Seeing that she had no other hope of amendment, she submitted to an examination, whereupon the small pedunculated vascular excrescence, or polypus, was discovered, as shown in Plate 16, Fig. 2. It was immediately twisted off. The hemorrhages never returned afterwards, and she has had good health these now many years.

This example and statement suffice to fulfil our purpose in this relation, which is the reason why we detail no other similar instances—which we could do, drawing on the stores of our personal experience in practice.

It is of the utmost importance in the practice of physic and surgery, to make absolutely correct diagnostications, since all our prognosis, as well as treatment,

which is contained within the diagnosis, depends upon being right in the beginning.

This opinion will be admitted to be just by all those who belong not to the empirical schools of our art, but, on the contrary, adhere to the rationalists in Medicine.

There is a great liability, even among the most experienced men, to be led into ludicrous or even fatal mistakes in the diagnostication of the so-called diseases of the cervix.

A lady came to Philadelphia complaining of uterine disease, that had baffled her physicians at home, and applied for advice to an expert. Upon some consideration, the author was invited to attend in consultation, and dissented from the opinion that was entertained by the attendant.

Patient had been affected with some form of violent intro-pelvic inflammation, which, we believe, had been regarded as metritis, by a misapprehension of its seat. After protracted and great suffering, and after several operations with the knife—the precise nature of which we do not know—she was observed to have the vagina so much diminished in length, that her relations of a marital nature became impossible. She came to Philadelphia, as before mentioned. The canal of the vagina was about an inch in depth, and no more. At the bottom of this cul-de-sac was a firm substance, that was mistaken for the chirurgical neck, and the delicate aperture in it for the os uteri.

To the touch, such a case presents the greatest similitude to the mammillary projection of the womb, and is,

therefore, a great stumbling-block in the way of diagnosis. The medical gentleman, whom I met, insisted that it *was* the os uteri, and that adhesion of the vagina to the whole exterior vaginal cervix gave it the present appearance, as at *a* in the diagram on the next page.

Dissenting from this opinion, we averred with equal confidence that the womb could not be touched, nor even approached, and that the so-called os was nothing more than one of the apertures in a long vaginal stricture, and that the womb itself was not at all implicated in the disorder, save in so far as it was imprisoned above this impracticable stricture, amounting nearly to atresia vaginæ. See (*b*) in the diagram.

Some months subsequent to these discussions, the lady returned to Philadelphia, and placed herself under the sole direction of the writer of this statement, and went away cured.

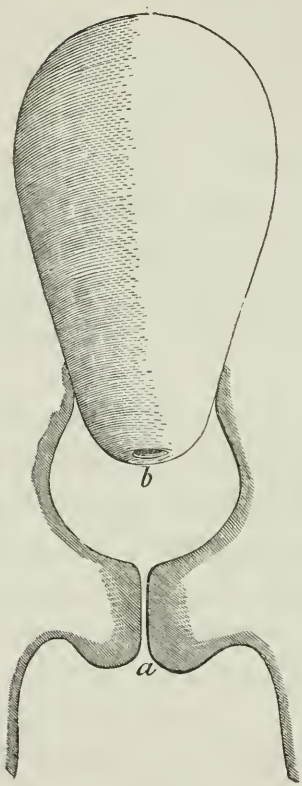
On the next page we have given an outline drawing, or diagram, which shows how readily one might mistake the thickened bourrelet (*a*) for a vaginal cervix and os uteri; whereas, in truth, the os uteri is above, and in the free part of the vagina marked (*b*).

To look at the diagram, it is easy to perceive the truth as to such a case, while, in practice, the diagnostication had, and has deceived many an experienced and able physician.

We have now under treatment a case precisely analogous, affecting a woman about fifty-five years of age, which was handed over to us by an eminent practitioner, who had treated it for some time under the con-

viction that what he touched, as in the figure (at *a*), was the os tincæ, in a state of cancerous induration. And it ought to be observed that, in all such instances

Fig. 2.



coming under our notice, we have found the part so very solid and scirrhous, as to lead to fears that it could not be amenable to any power of resolution. It is well known that some urethral strictures do become almost callous.

When called to examine the state of the parts in this

case, we were, at first, startled to find such an appearance of malignant disease; but a little reflection enabled us to doubt of the fact. This doubt was easily resolved by passing the probe point of Simpson's sound along and quite through the lengthy stricture, into the free and ample vaginal cavity above. That this was done was verified by an examination made through the walls of the rectum, in doing which the probe point, in the free cavity, was recognized, as well as the shaft of the sound lying in the stricture, and closely embraced by it. The same method of making this diagnosis was employed in the first case described in this connection; and it is one always to be resorted to and relied upon with implicit confidence.

Having stated these cases, which are not affections of the cervix uteri, we hope to be absolved from any charge of transcending the limits assigned to us, inasmuch as we have deemed it proper to array all the means of differential diagnosis that might haply serve to prevent misapprehension in the cases we have felt charged to treat of, and shall now ask liberty to refer to a work entitled "Woman, her Diseases and Remedies," page 106, for the history of a case whose circumstances are forcibly recalled to memory by the above observations.

Hitherto we have not, in this treatise, said anything in regard to the malignant degenerations of the texture, so often met with in inquiring into diseases of the neck of the uterus.

To dilate upon all the forms of malignant chronic or acute diseases of the cervix would require a considerable

volume, and it is not to be supposed that such a detail would fail to exhaust the patience of the reader. The figure (Plate 18), which we have in this connection presented, is designed to illustrate one form of chronic disease of the neck of the womb, which, in the case at least from which the figure has been carefully designed, was found susceptible of a radical cure.

The patient was a very robust and stout married woman, aged about 30 years, less or more. She had children. Complaining of frequent attacks of irregular menstrua, she appealed for advice to a physician, who, giving an unfavorable prognosis, so excited her fears and the anxiety of her family, that the author was invited to form an opinion on the case.

The vagina contained a substance of the size and shape of the red mass which, in Plate 18, is seen springing from the anterior aspect of the vaginal cervix. To the touch, it communicated the impression always produced by touching the tissues in scirrhus or carcinoma uteri. It had the same resistance, and roughness or grater-like feel that belong to cancer of the womb or vagina. The gentlest touch caused it to bleed. It was not sensitive so as to be intolerant of pressure.

The posterior aspect of the cervix gave, by the touch, the idea of normal tissue; and this was likewise the case as to both the lips of the os tincæ; and, indeed, all the accessible parts of the womb seemed to be perfectly sound and healthy, save only where the peduncle, or root of this malignant mass, arose from the anterior aspect of the neck. The vagina was everywhere quite

healthy. An inspection of the figure must produce the same impressions as were excited in the author's mind by the physical diagnosis.

It would, in such a case, evidently be useless to apply any dressings to the surface of the tumor, which must be supposed to be all of one quality and vital temper, from the base to the apex. It would be a mere waste of time, therefore, to act upon the surface of it only. But if the diseased mass, in fact, proceeded from the base alone, on which it rested and depended for its existence, then one might hope that, in eradicating the very base itself, would be found a sure remedy for an otherwise fatal extension of the degeneration.

It was, accordingly, proposed that the mass should be removed, either with a uvula scissors, or by means of a ligature. The ligature being preferred, was applied, and the mass came away after a few days.

It was also proposed that, as soon as the tumor should come away, the base or root should be destroyed by actual cautery, or by acid nitrate of mercury. The latter was adopted. Every vestige of diseased structure was thus removed, and the lady has now, for three years, enjoyed good health; having experienced very little inconvenience during the whole process of cure.

The question naturally here arises, whether this was a malignant tumor or no. We are aware that some persons will be likely to regard its curability as evidence of its non-malignant nature; but, as for us, we consider that such a mass, being left to work out its own complete development, could not fail, in the progress of it,

to involve in destruction larger and still larger portions of the uterine tissue, and at last bring the life of the patient to a premature close. If the tumor was not malignant, it would become so if left uncured.

It would have been, perhaps, hopeless to attempt the cure, had the examination not given the most flattering assurances that the diseased mass sprung from a rather superficial portion of the cervix, as was ascertained by the touch. We doubt not that, in numerous instances of parts wholly changed like this, cures have been and will be effected by removing all changed texture—exposing sound surfaces, which, being filled by healthy granulation, restore completely, or almost completely, both form and function to the before diseased parts.

We shall next beg leave to call attention to a form of diseased cervix, of which, during a very long and copious experience in practice, we have met with but one solitary example. And even this is rendered less useful, perhaps, by coincident circumstances of the patient, that serve to lessen the value of the case as furnishing experimental results of the treatment. The lady was near fifty years of age, had borne several children, but none since seven or eight years. She was in an advanced stage of pulmonary tuberculosis, and evidently destined, at an early day, to die with pulmonary consumption.

Certain symptoms, proceeding from intro-pelvic disturbance, and causing great distress, led to the opinion that the whole case was aggravated by some form of uterine irritation; and as she was anxious to be re-

lieved, and willing to undergo an examination, it was found, on making one by the touch, that the vaginal neck and os were both enlarged and painful. The mouth of the womb was much more patulous than it ought to be, and a lump was perceived upon the anterior aspect of the chirurgical neck. On exposing the point by means of a Récamier tube, there was seen a bright elastic tumor of a translucent appearance, which is represented in Plate 19, Fig. 2.

The lady, even in her low state of health, was convinced that she was pregnant; but the womb could not be felt through the hypogastric integuments. Whence it was inferred that the organ was of the form and dimensions given in Plate 19, Fig. 1.

Professor Mütter opened this hygroma with a sharp-pointed, narrow bistoury, and there issued from it a few drops of colloid fluid, but as transparent as albumen ovi; after which came away a few drops of blood, whereupon the tumor, or hygroma, collapsed, and the lady, whose consumption made continual progress, had little or no farther trouble from this special cause; a few touches of the pencil of argent. nitrat. having dissipated the inflammation and engorgement of the womb.

A few months later, she died, exhausted with hectic —the lungs being utterly disorganized by softened tubercles and numerous vomicæ.

A *post-mortem* examination being allowed, it was found that the hygroma had not filled again, but left a bluish spot or blain. The os was still a good deal open, but the neck was little enlarged. Plate 19, Fig. 1, shows

a profile view of this uterus, which is deemed well worthy of observation, particularly because the fundus was converted into a tumor, which is seen like a subrotund swelling at the left hand end of the figure, and somewhat separated from the general mass of the uterus by the sort of strangulation or groove seen in the picture. This was a firm fibrous product, developed out of the substance of the fundus itself, which underwent this fibrous conversion, while every other part of the organ retained the equable ratios of its several elementary or constituent tissues.

We observed that we deemed this case interesting, and it is so, chiefly in this, that it would be likely to give rise to a false diagnosis, and that on the following accounts:—

Leaving out of consideration the tuberculosis, which, it was manifest, must, at no distant day, destroy the patient, and judging only from the results of the pelvic examination, and the inquiries made at the surpubal region, one would be led to pronounce a flattering prognosis, since one would scarcely doubt of his ability to cure all the evident disorders of this womb. Yet, no one could examine the necroscopic specimen without at once perceiving that it would be impossible to cure such a womb as this. The apparent fundus is not the fundus, in fact, but is a fibrous tumor, into which parts of the true fundus have been converted. It is inaccessible to any surgical means, and is wholly disobedient or indifferent to every therapeutical force. As well might we administer medicines to convert a femur into a tibia,

and *vice versa*, as to give them to convert a tumor into a natural tissue again. The attempt is ever a ridiculous one, evincing a complete misunderstanding of the laws of life, as well as of the scope of the medical art.

A swelling may be cured again; but a tumor is a new product, and as much an independent organism as a lung, an eye, or a muscle. It has, however, no generical destiny; and, therefore, can obey no therapeutical law.

Before bringing this paper to a close, we shall present a few remarks on the subject of displacement of the neck of the womb; and we begin by referring to our Plate 3, to show the due relations, as to distance, of the os tincæ from the walls of the pelvis.

The ligamenta utero-sacralia, so called by the anatomists, appear to us to be rather deserving the denomination ligamenta vagino-sacralia; for they are in reality duplicatures of peritoneum running backwards, one on each side of the pelvis, from the posterior or upper extremity of the vagina to the sacrum. It seems to us that their office is to keep the end of the vagina at a certain place, near enough to the lower part of the sacrum; and certain it is that, as long as they preserve their due firmness or tension, the upper end of the vagina cannot drop down from near the sacrum to near the arch of the pubis. A line drawn from the lower part of the sacrum, say near its fourth segment, to the top of the arch, is at least four and a half inches. When we find the os tincæ jutting outside of the arch, we know that the vagina has fallen at least three and a half inches, and of course that the ligamenta utero-sacra-

lia are stretched or elongated to that amount. But when, on making such an examination, we thrust or carry the cervix uteri backwards and upwards to its true place, then the ligamenta utero-sacralia become again as short as they ought to be; and if they would remain permanently so, we should cure the patient merely by thus thrusting the uterus up to its true place. But, unfortunately, when we take away the support, it falls down again; because the utero-sacral folds, and all the serous and cellular or areolar relations of the vagina are weak and relaxed, and cannot hold it up.

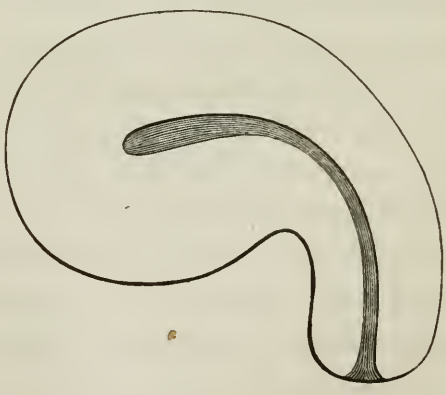
Now, if this be a just representation of the facts, no one can deny that prolapsus uteri is a disorder or weakness of the vagina and its ligaments, and that to cure the prolapsus we must cure the vagina first; it being evident that, with a vagina of three and a half inches in length, the womb cannot quit its place in the pelvis.

The womb, as we have already said, is two and a quarter inches in length, and the longest antero-posterior plane within the pelvis may be assumed to be four inches and a half. Hence, it is clear that, if the womb be thrown over backwards, so as to let its fundus fall into the rectovaginal cul-de-sac of peritoneum, called the Douglass cul-de-sac, it is inevitable for the cervix uteri to come forward; for the uterus cannot well turn over without a see-saw movement. If, therefore, the womb preserve its rigidity, and it be retroverted, the os tincæ must come near to the symphysis pubis. This would be the case in all instances of retroversion without flexion of the longitudinal axis of the uterus. We

have met, in practice, with many instances of this kind, and in more than one remarkable case have found the fundus fastened down in its unnatural bed in the pelvis, by means of strong adhesions, which it was necessary to divide with the scalpel before we could reduce the uterus into its proper position again. One was a case of retroversion, with hypertrophy of the womb coinciding with fatal Fallopian pregnancy. The organ stretched across the pelvis, from the sacrum to the pubis, fully four and a half inches. The specimen is in our collection. Another was a case of uterine pregnancy.

But, while it is true that the uterus, being of a rigid and firm consistence, does not always bend in retroversion, it is very common to meet with specimens in which the organ is bent at a right angle, or even more than that. Retroversion, with an unbent womb, is a

Fig. 3.



mere accident or chirurgical disorder; whereas retroversion, with a bent or angulated uterus, is a case in which the womb has itself become diseased. It is a case in

which, by the nutrition of one segment or half of the womb, it has grown smaller or larger than the other symmetrical half or segment; for, it is clear, if both the anterior and posterior halves should grow or be developed *pari passu*, the organ could be only straight, and could be by no means crooked or bent, as in the above diagram. The quantity of the convex must greatly exceed the quantity of the concave half; otherwise, the womb could not be bent, but must remain straight or fusiform.

In treating these retroversions, therefore, we must expect to meet with greater difficulty and delay in the case, if we have an angulated organ to rectify, as well as a case of retroversion. We do not mean to say that the methods are different, since there is but one good method for all of them, and that is a treatment by the pessarium of a proper form.

And here we may beg leave to notice what we regard as a great oversight on the part of practitioners, in regard to one of the chiefest sources of embarrassment and ultimate disappointment of the cure. The circumstance here alluded to is this. In retroversions of some considerable duration, the anterior columna of the vagina has become shortened, and, in consequence of its being without any antagonistic or opposing force, allowed so to coacervate its material as to be indisposed afterwards to remain in the state of extension natural to it.

We believe that all living soft parts have an indefeasible tendency to consolidation, when not prevented

by an antagonizing power. This depends, indeed, on what Bichat announces as the *contractilité par défaut d'extension*. If the os uteri should be brought close to the symphysis pubis, and kept there for some months or years, it is clear that if any one should cause it to remove backwards again to its place three and a half inches away from the crown of the arch, and then let it go, it would leap back again to the vicinity of the pubis, being drawn thither by the anterior column of the vagina, which soon contracts again like a bit of stretched caoutchouc. Now, this is the circumstance which we complained of as being too much overlooked by our physicians in their intentions as to a cure. They are well enough aware that when the womb is overset, or retroverted, it is useless to reposit it, and then abandon it to itself, since it always falls over again with the first motion, or effort to stoop, or to cough, &c. They have used pessaries of every possible shape, and they have been much annoyed to find their patients worse instead of being better for their use.

An immense use has been made of the globe-pessary; and certainly, in a simple prolapsus uteri, it answers admirably. But it does not answer well for the cases of retroversion; because the morbidly condensed and elastic anterior columna of the vagina, slowly contracting in order to recover a state of rest, pulls the os uteri forwards over and above the convex upper surface of the ball, and draws it again close up to the symphysis, the fundus meanwhile sinking down backwards into the peritoneal cul-de-sac between the rectum and the vagina.

In this case, the woman is greatly annoyed, having both a pessary and a retroversion to contend with.

Many years ago, the author was in attendance on an aged woman, who had long suffered from prolapsus uteri. She had been taught, by a nurse, to construct a pessary, by making a whalebone ring, some three inches in diameter. This ring being wrapped or *served* with bobbin, was dipped in melted wax, until a sufficient coating of wax was given. In this way she made an elastic annular pessary, by means of which she was enabled to pass through many years of an advanced age, without any inconvenience from a procidentia which always threatened to return upon the removal of the support.

The globe-pessary of Dr. Physick, and the concavo-convex disk, or Dewees's pessary, have been much employed in Philadelphia, and throughout the United States generally, as might be expected from the eminent position and repute of both those gentlemen.

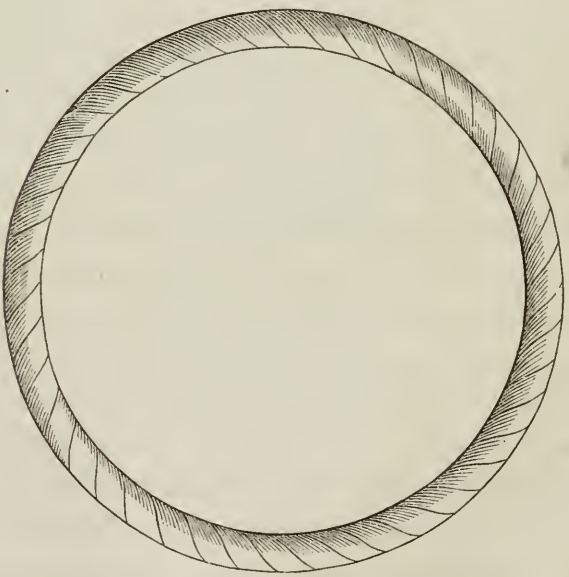
The globe of Dr. Physick is liable to the objection above stated, as a remedy for retroversion; and Dewees's disk is equally obnoxious to criticism, as being liable to injure the os uteri, which rests nearly vertically upon the metallic surface. Of course, the same objections lie against all the glass-pessaries, of which many thousands have been on sale in the drug establishments of our people. Indeed, they are at last becoming justly discredited.

Seeing the difficulties that surround this subject, and acting on the experience of the aged lady already men-

tioned, the author constructed pessaries with watch-spring, as follows:—

Take a piece of watch-spring of the proper length. That is to say, if a pessary of three inches diameter is required, take a lamina of watch-spring nine inches and three-sixteenths in length. Bend it into a circle, and rivet or solder it, to make an annulus three inches in diameter. Serve it all round with bobbin, or large twine, and then dip it again and again in melted virgin wax, so as to infiltrate the threads completely. Polish the waxen surface with the hands. This ring, which is

Fig. 4.

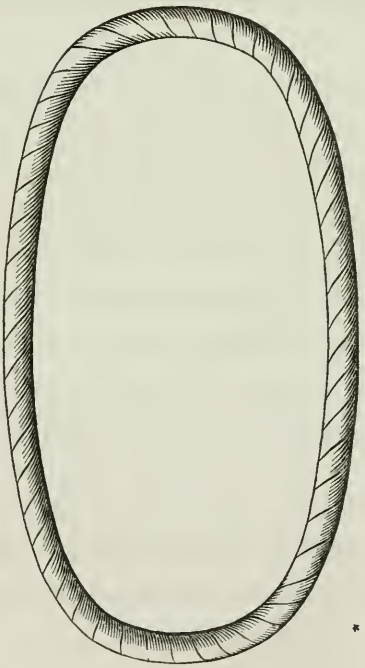


as elastic as watch-spring, can be compressed betwixt the thumb and fingers, so as to be converted from the

shape of this figure (4) to that of Fig. 5, and then introduced into the vagina without giving the woman any pain. As soon as it has taken its place, it expands again, and recovers its original form.

Previous to introducing the annulus, the womb should be reposited, either by the hand alone or by Professor Simpson's womb-sound; and, that being done, the annulus acts in the manner illustrated by Plate 20, in which a silver ring, gilt, is made use of.

Fig. 5.



Let it be observed that the distance from the pubis to the sacrum, in this plane, is at least four inches and a half, and that the annulus is three inches in diameter.

Now, if the ring is introduced in such a manner as to cause the sacral segment of it to pass behind the cervix, and rest in the cul-de-sac behind, formed by the posterior columna of the vagina, while the pubal or anterior segment rests on the symphysis pubis, it is impossible that the cervix uteri should again come forward to the symphysis, or that the retroversion can occur again while the annulus is left *in sitû* to prevent it. Indeed, the vagina is now full three inches in length, and not even prolapsus uteri can vex the patient; for prolapsus is shortening of the vagina, and nothing more and nothing less.

Such an annular pessary as this, left *in sitû* for a few months, must effectually overcome the contraction *par défaut d'extension* of the anterior vaginal column; and by allowing the ligamenta utero-sacralia to be at long rest, they, by coacervation of their substance, will recover their normal density or tone; and so, the ring being at last taken away, the woman is found to be cured; for the ligam. utero-sacralia are now condensed again, and the anterior columna vaginalis has regained its ductility.

The method of constructing annular pessaries of watch-spring, as above set forth, was detailed at a meeting of the College of Physicians of Philadelphia, by the reporter.

At a subsequent meeting of that College, one of the Fellows thereof, Dr. Charles Evans, reported an improvement, consisting in coating the watch-spring-served annules with gutta percha dissolved in chloro-

form; and this fortunate idea has rendered the instrument so perfect, that we may suppose it to be all that could be wished for as an apparatus for the purpose of treating retroversions.

Reporter has long used annules made of absolutely pure silver cylinders, bent into a circle and gilt with fire gilding. Such an instrument is excellent, and is so pliable that it may be crushed into an elliptical form before its introduction, and then, by a little dexterity, opened again into the circular form while lying within the vagina. This is perhaps the most perfect of these instruments, yet difficult to use and to obtain.

A reference to Plate 20 shows that, if the posterior segment of such an annulus is lodged within the cul-de-sac of the vagina that is found behind the neck of the womb, while the anterior segment reposes upon the tissues just above and behind the crown of the pubal arch, it is absolutely impossible for the retroversion to take place; and it is to be believed that, in a space of time, greater or less, according to a variety of circumstances, all the tissues concerned in keeping the uterus in its place will recover their tone, by virtue of the physiological force called by Bichat *contractilité par défaut d'extension.* It could not be otherwise. As to the external apparatus called utero-abdominal supporters, which we have the mortification to see prescribed and applauded by physicians and surgeons, even eminent persons in our class, we can but express again our conviction of their utter uselessness, as well as the liability

of those who use them to aggravation of all the evils for which they are the pretended remedies.

We have here placed a drawing (Plate 21), taken from the museum of Jefferson Medical College, at Philadelphia, which represents one of the specimens there of polypus of the womb; and we have felt constrained to present some remarks upon cases of this kind, inasmuch as they greatly interest the cervix of the uterus, whose acute and chronic diseases we are commanded to describe. And herein we do not feel called upon to go into a full account of the various uterine polypi. Let it suffice to say that they consist of tumors, hard or soft, which rise up from the surface, whether exterior or interior, of the child-bearing organ: many of them, however, being developed in the very substance of the organ, and invading greater or lesser portions of its structure.

These growing polypi depend upon non-equable development of certain of the elementary tissues of the womb, which, being produced out of all normal rate, may attain a great magnitude or mass. They vary from a few grains in weight, like the currant-shaped excrescence in Plate 16, Fig. 1, or the bunches in Plate 16, Fig. 2, or the more considerable tumor projecting from the os, in Plate 21. We possess specimens of the size of an ostrich egg, and one that was at least six inches in longitudinal by five in the conjugate diameter. We were present at the examination of a specimen, which was, at the time, weighed by the late Professor Wm. E. Horner, and found, with the womb which contained it,

to weigh thirty-two pounds. The degenerated development-force, by means of which a fibrous polypus rises up on the surface of the womb, or within its substance, may, in some cases, extend so far throughout the whole limits of the uterus as to apparently convert the whole substance of it into the material or nature of polypus. We possess a specimen, in which it would be difficult to discriminate between the character of the large mass, into which the whole womb has become converted, and the substance of the large polypi just now mentioned as in our possession.

But lest we should be tempted to carry this investigation far beyond the limits proper for this paper, we shall confine ourselves to remarks upon the interior polypus, or polypus of the cavity of the womb.

A tumor of this sort, which, at the commencement, might be supposed to be no bigger than a split pea, growing, by constant nutrition of its mass, soon comes to distend the cavity which it occupies, and that cavity must expand upon the same principles as those which regulate the physiological hypertrophization or evolution of the womb in true pregnancy. If the polypus should take its origin within the true cavity of the uterus, the fundus and corpus uteri would, of course, first expand for the accommodation of the growing mass, just as happens in the early stages of a gestation.

Under these circumstances, the form and size of the neck of the womb do not undergo any change, and an examination per vaginam would not enable a physician

to pronounce with assurance that any change whatever had taken place in the form and volume of the organ.

The term expansion does not here imply merely a stretching of the walls—as when a bladder is blown, but it means a regular physiological hypertrophy, or growth. Now, when the womb grows, it must grow generically, and will, in such case, preserve its generical character as to form; for the idea of genus and species cannot but include ideas of both form and substance, of superficies and solid contents; when the womb, or parts of it degenerate, then the form goes in the most convenient direction, or qua data portâ.

A great uncertainty as to the existence or non-existence of pregnancy ever attends the vaginal examination in the early stages; but in proportion as a polypus or an ovum becomes larger, so must the cervical portion of the womb grow shorter, until, at last, the cylindroidal neck acquires the shape of a cone, or rather a conoidal form; for a polypus, though it can grow indefinitely, and come to be of an enormous size at last, must ever mould itself upon the internal walls of the womb. The polypus, therefore, cannot so alter the shape of the womb as to give it a figure other than such as naturally belongs to it, and characterizes it whether gravid or not gravid.

Sooner or later, in any case of polypus uteri, it may be expected that the lower segment of the tumor shall appear at the os uteri, and gradually dilating it more and more, open it at last so widely that the contractility

of the fundus and body shall be able to thrust the tumor out into the vagina.

In the figure (Plate 21) it is seen that the polypus begins to show itself very plainly at the opening mouth of the womb. But, with the cone of the cervix, and the circle of the os so thick and strong as here shown, it could not be that the polypus shall very soon be expelled from the uterine cavity.

It might be a question whether the diagnosis of such a tumor is to be absolutely relied upon, seeing that it so closely resembles the case of hæmatoma or bleeding fungus, represented at Plate 15 of this report. Yet it is not difficult, either with the index finger alone or with a womb-sound, to ascertain that the fungus at Plate 15 is a hæmatoma springing directly from the inner wall of the canalis cervicis, while the other tumor (Plate 21) is a real uterine polypus rising from a portion of the wall of the true cavity. I may repeat that the shape assumed by the womb in a natural pregnancy is well known; and that in all cases where the womb contains a true polypus of the cavity, it in like manner preserves its natural form. But, if a fibrous or other degeneration within its texture takes place in the very substance or walls of the womb, making one or many fibrous tumors, the womb loses its normal form, and becomes lumpy or botryoidal.

The examination of such cases should, hence, always be so conducted as to lead to a knowledge of the form actually possessed by the enlarged organ. If that form be normal, or generical, then we infer that the enlarge-

ment is occasioned by the presence of something moulded into shape by the womb itself, and that it is an ovum or a polypus. If, on the other hand, the generical form is not preserved, we may infer the existence of some morbid growth outside of the cavity, but within the very substance or walls of the womb.

The uterus is destined, normally, to discharge a quantity of blood from its cavity with every periodical ovulation, and the custom of women is one so regularly observed, that it gives to the mind a tendency to regard every discharge of blood from the organ as a menstrual discharge. Hence, when women find themselves bleeding too often, too copiously, or in a way too greatly prolonged, it is their habit to consider the deviation as a fault of their *courses*. They do not, in general, consider that blood may issue from such a sanguine organ, without the discharge having any relation whatever to their mensual act; and they usually speak of all such profluvia as disorders of the menstruation. A medical man, on the contrary, ought to possess an ideal standard, by which to compare every such case, and he must at once perceive that such a state cannot possibly be a mensual state, but must be related to some other quality and faculty than those of ovulation and menstruation.

Enough has been already said in this work to show that morbid changes in the corpus mucosum of the womb may serve to explain the frequent reappearance of sanguine discharges from the genitalia. Such discharges as these, however, are not for the most part copious and wasting. It is true, however, that such

discharges are most apt to coincide with the hyperæmia of the ovulation, or to have relation to some mental or physical shock, or to the sexual insult, &c. &c.

In cases like that portrayed at Plate 21, the profluvium of blood is likely to be independent of any periodical ovulation, and, indeed, in some instances, is never wholly absent, while the subject of it is liable to sudden enormous effusions of blood, generally greatest at the mensual periods. We have elsewhere related a case, in which the woman was never, during six years and a half, without bloody issue from the genitalia; an issue which arose from a polypus passed into the vagina. So many striking instances of this either frequent or constant hemorrhage have occurred to us in practice, that we spontaneously, as it were, adopt it as *prima facie* evidence of the presence of a uterine polypus, when we discover such frequent, or copious, or constant sanguine evacuations.

A polypus, like that in Plate 21, whose lower segment peeps out from the opening os, and whose sides are compressed or strictured by the firm walls of the cervix uteri, could hardly do otherwise than bleed more or less day and night, since the stricturing cervix must necessarily keep up a molimen hæmorrhagicum in the uncovered and uncompressed superficies of the tumor.

It is not always, however, the polypus alone that has begun to project beyond the stricturing circle of the os that bleeds. Many wombs are kept in a state of hyperæmia and hemorrhagical fulness by the presence and

pressure of the polypus, and such cases are marked by the most violent floodings. Now, when we come to inquire diagnostically into such cases, and find, upon touching, that the os tincæ is unmodified, and the cylindrical neck unchanged, all that we can do is to infer, for we cannot know, that the hemorrhages are caused by a polypus in the cavity, whose existence, however, we can only conjecture or infer; and especially where the polypus is still so small as not greatly to magnify the womb and make its increase perceptible, to the touch, in the surpubal region.

There can scarcely be found, in the whole range of medical duties, a more difficult case of diagnosis than this. Time alone can solve the problem; and then only by protruding the mass into the cervix, or out into the vagina, whereupon all doubt is at an end.

In numerous instances, our inferential diagnosis has been verified by immediate examination, or by after events. Yet we have met with samples of such hemorrhage impressing us with a sort of inward conviction that they could only arise from polypus, a conviction which proved to be a baseless hypothesis, destitute of any foundation of truth.

We have dwelt thus long on this subject, chiefly out of an anxious desire to put our friends and brethren on guard against making too hurried a diagnosis, and also as a preface to the drawing, Plate 22.

The annexed figure, Plate 22, was drawn from the specimen at the time a *post-mortem* examination was

made to ascertain the cause of a fatal uterine hemorrhage.

The woman, several years married, had borne no children. During two or three years, she had been under the medical care of the author, who, observing her to be occasionally seized with frightful uterine hemorrhages that left her always excessively hydræmical, could not avoid the conclusion that a small polypus concealed within the cavity of the womb, but undiscernible by any physical examination, would at some future time be thrust out into the vagina, so as to allow of its removal. Repeated careful examination left the same impression upon the mind.

Meanwhile, when the floodings should be too wasting, she was advised to resort to rest, to hæmostatics, and, above all, to the tampon for the vagina.

Having removed her residence to a greater distance, she took counsel of another physician, and for more than a year occasionally suffered from attacks of very alarming floodings. Upon the last of these occasions, the writer was called in consultation with the attending physician, and, hastening to the rendezvous, found she had expired some four or five minutes before he arrived. It was with him and the attending physician anxiously desired, that the question of the existence, or non-existence, of a polypus uteri should, in this case, be settled, and the figure (Plate 22) exhibits a very correct view of the cavity and walls of the womb. There was nothing upon the lining membrane that should throw any light upon the strange and most obstinate hemor-

rhages, unless, indeed, the magnitude of the cavity be so regarded; and its size is truly given, and may be compared with our figure, Plate 2, Fig. 2. But, upon the left ovary was a cystical tumor, which is shown in the figure. Yet no one can assign such a cyst as a sufficient cause for those irregular and enormous uterine evacuations.

I have, at this moment, under treatment the case of a maiden lady, about forty-three years of age, in whom the hemorrhages are immense and irregular—sometimes very alarming. In this instance, I can by no means detect any, the least, modification of the form, size, resistance, or natural place of the womb; and, it is probable that no man can say whether these distressing attacks arise from polypus, or no.

It would be a most useful thing to possess some certain methods by which to distinguish between habitual violent floodings without polypus uteri, and cases in which the polypus does exist, but cannot be come at. One can scarcely, in medical practice, be put to greater loss for some certainty in discrimination, than in such cases as these.

The great length of this paper renders it necessary to bring it to a close. There is a considerable number of affections to which the cervix uteri is liable, which it would be easy to discuss; and, in regard to the so-called malignant disorders of the part, it would be gratifying to us to describe and illustrate their various appearances, and suggest methods for their treatment. But we refrain from farther trespass on the time of the

reader, to whom we offer the foregoing observations, in the hope that they may serve to remove some of the difficulties which we have noticed to exist in the path of the practitioner, not only in our own earlier days of observation, but now, and daily, in the numerous cases submitted under advice for our revision and counsel. If what has been presented is at once true and clear, we shall indulge the hope hereafter to have fewer calls from persons residing in distant States.

In closing this essay, the Author takes the occasion to renew the expression of his sincere desire that the class of cases herein treated of may receive a greater share of attention from his brethren in the practice; so that they may less frequently, than heretofore, be found to accumulate in the large cities and towns, or in the hands of specialists: he is convinced that, as such disorders require no greater amount of particular information or dexterity than other surgical and constitutional maladies, it is within the ability, and is the duty of the brethren generally, to conduct them safely and gently to a satisfactory cure. In our opinion, it would be much more creditable that such skill and discrimination should belong generally to the whole profession, than for one or two individuals in a district, or in a great metropolis, as London or Paris, to acquire a notoriety, which, to say the least of it, is scarcely enviable; since, among the humiliating services that physicians and surgeons are by their vocation obliged to render to the distressed, none can be more revolting to the sensitive mind than these.

It might, perhaps with consoling truth, be added, that few professional ministrations turn aside with greater certainty and celerity the attacks of disease, or arrest the shafts they aim at the existence of our clients.

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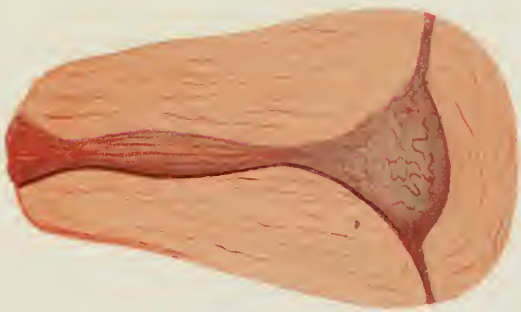

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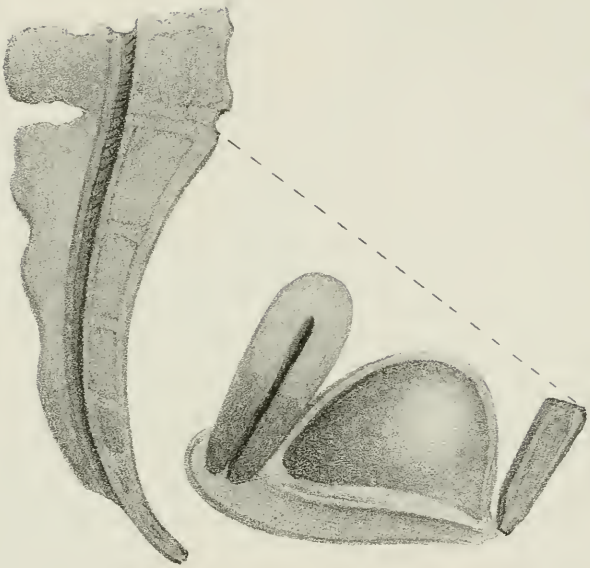

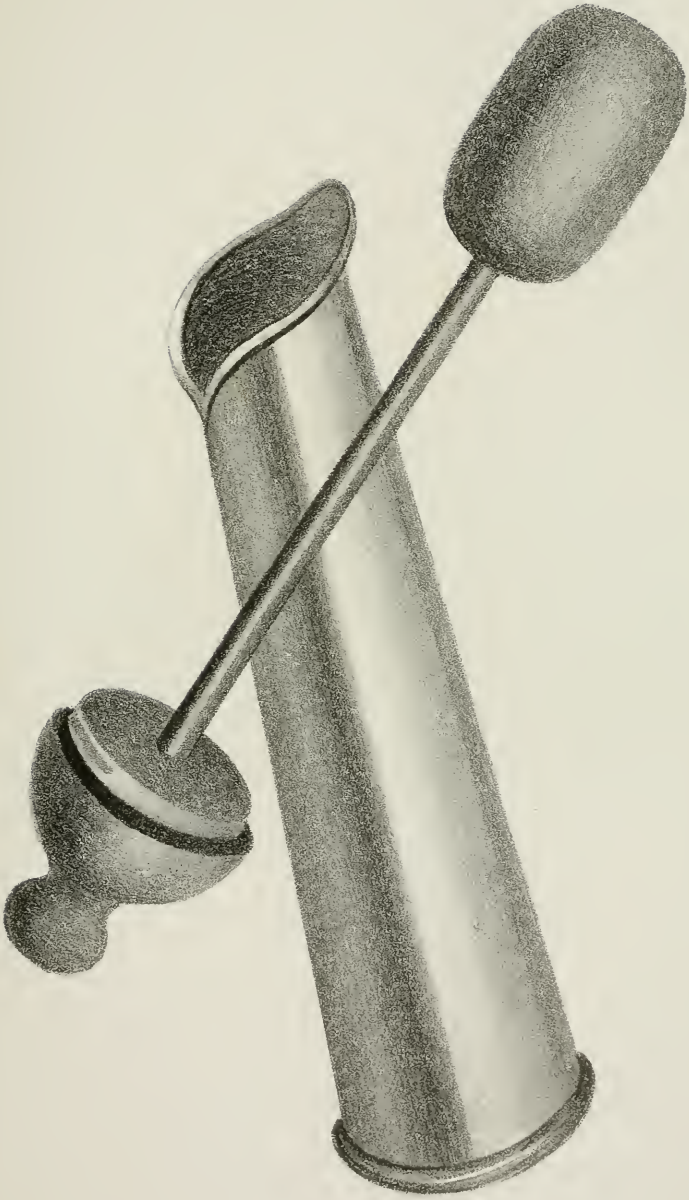

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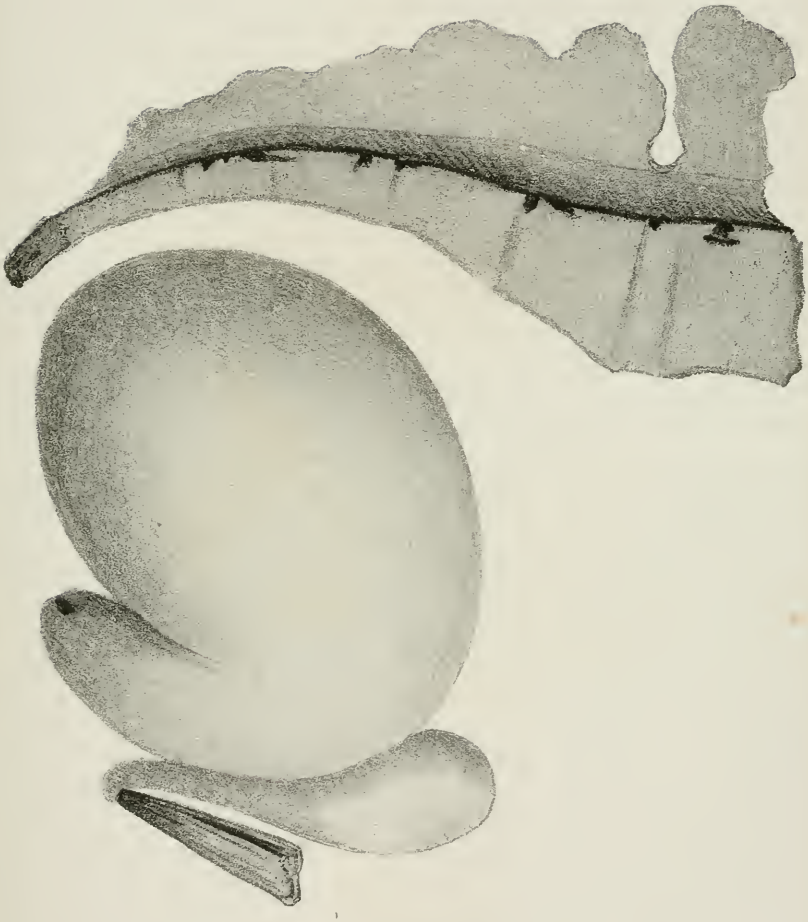

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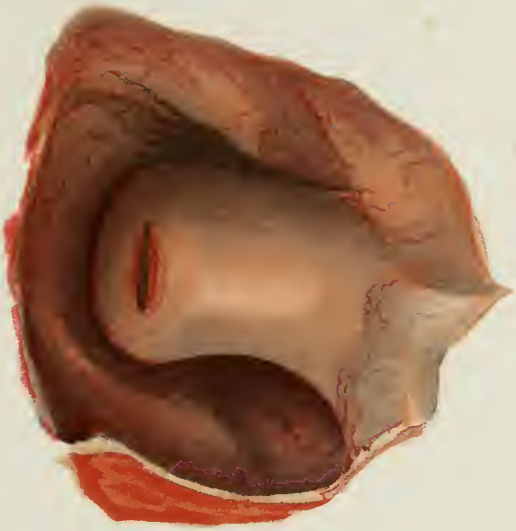

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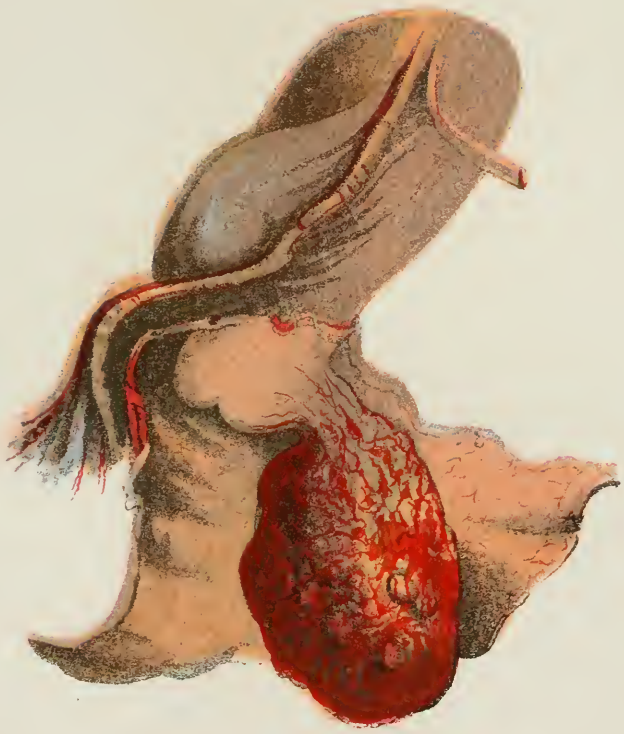

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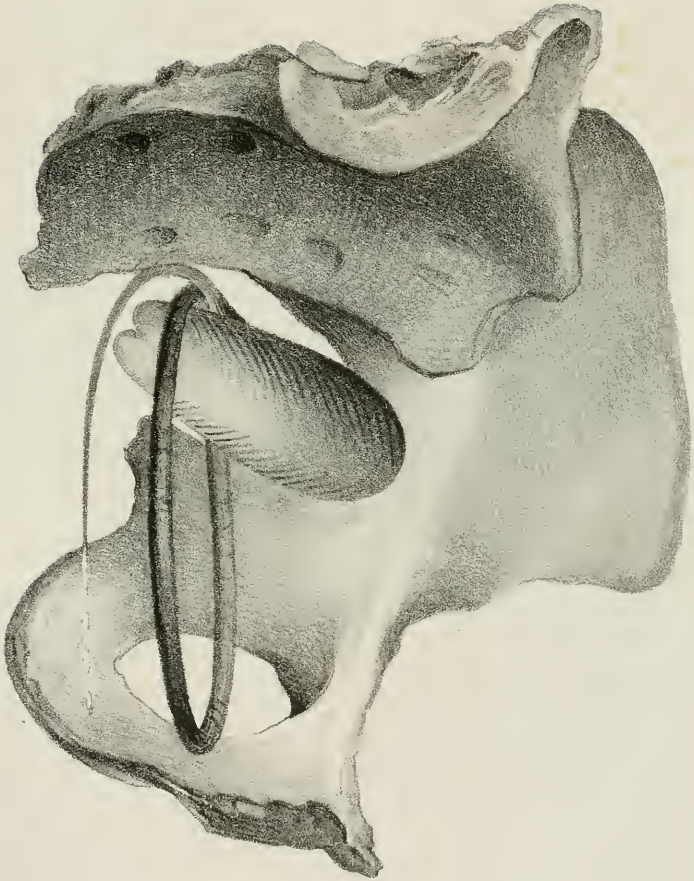

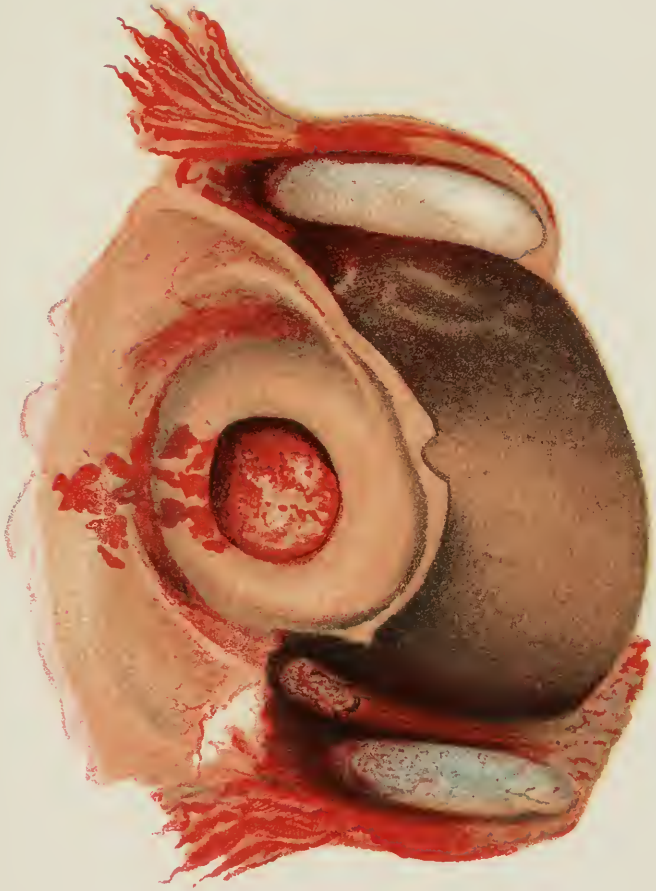

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